

Colin C. Ross

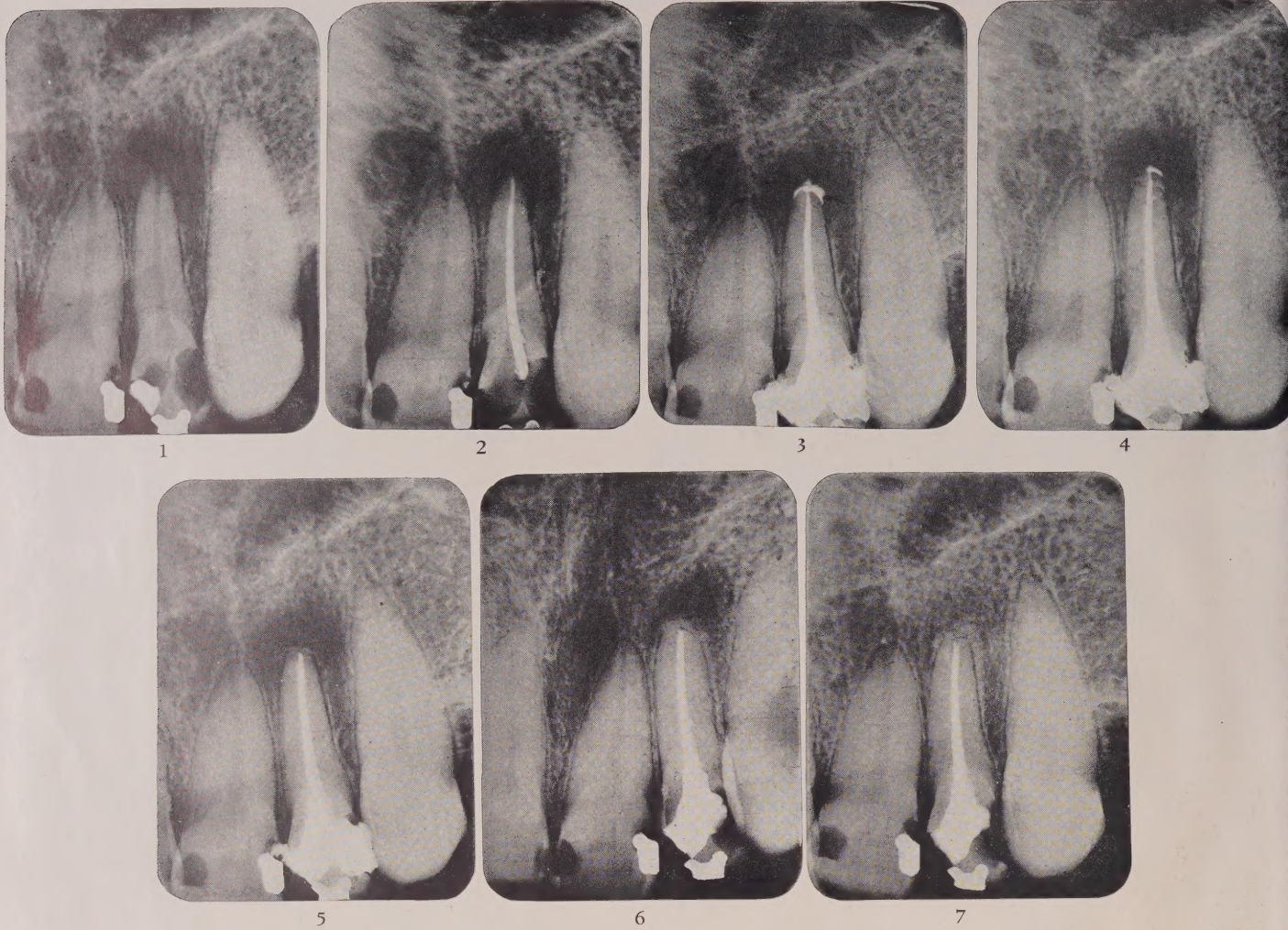
MILFORD NEWS

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Also in this Issue

If You Would Be Prosperous, *Then* Do as Dentists Do



Pulp-Canal Permanently Filled with Osogen at Second Visit

PATIENT presented with a badly broken-down upper left lateral which was draining through a fistulous track on the labial surface of the apical tissues. Patient reported that the tooth would become sore when the fistula closed.

Sept. 7, 1925. Radiogram No. 1 was taken. Tooth opened and cultures taken in the usual manner. A positive growth of both streptococci and staphylococci resulted. Tooth treated as per the regular Osogen technique for the first visit and patient dismissed for four days.

Sept. 11, 1925. Patient returned, tooth comfortable. Opened tooth and cultured again. Smears of the exudate were prepared and examined microscopically. No micro-organisms were found present upon microscopic examination. In view of the result of the microscopic examination it was decided to fill the pulp-canal

immediately with plastic Osogen. The cultures made at this time were found later to be sterile.

Radiogram No. 2 shows the gutta-percha point measured

and placed into the canal. After measuring by the x-ray the point was removed and laid to one side. Then the canal was filled with plastic Osogen and

the previously measured gutta-percha point replaced.

Radiogram No. 3 shows the root-canal filled and a slight excess of plastic Osogen beyond the apex.

Radiogram No. 4, taken Sept. 18, 1925. Patient reported no discomfort. Note part of the excess plastic Osogen has been absorbed.

Radiogram No. 5, Oct. 9, 1925. All of the excess plastic Osogen in the periapical tissues has been absorbed.

Radiogram No. 6, Jan. 4, 1926. Shows satisfactory progress.

Radiogram No. 7, May 17, 1926. Eight and one-half months later, shows the normal condition of the periapical tissues. The crown of the tooth was restored with a Synthetic Porcelain jacket crown. Patient has never had any discomfort and the tooth is functioning normally.

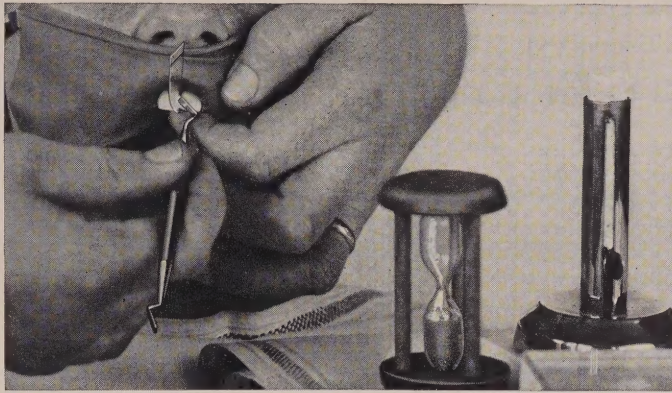
THE larger the amount of Osogen in the canal, the better are the results to be expected. The small amount of Osogen Fluid that can be put in a hair-size canal, obviously cannot be expected to accomplish the same results as a larger quantity of Fluid. A small amount of Fluid in a fine canal may all be absorbed into the dentinal tubules before it can reach the apex. An enlarged canal is easier to work in, easier to fill, and will hold enough Fluid to sterilize the dentinal tubules, all branch canals and the periapical region. The sterilizing action of *both* Fluid and plastic Osogen become more rapid and more effective as the quantity or bulk is increased in the canal.

*Reprinted from Fourth Edition
Osogenation Booklet*

Hold Strip as Long as the Sand Runs

THE modern tendency seems to be to call back the venerable hour glass for a host of convenient uses. The report is that some enterprising individual has conceived the bright idea of placing three-minute sand glasses in telephone booths to remind the speaker when an additional toll must be paid.

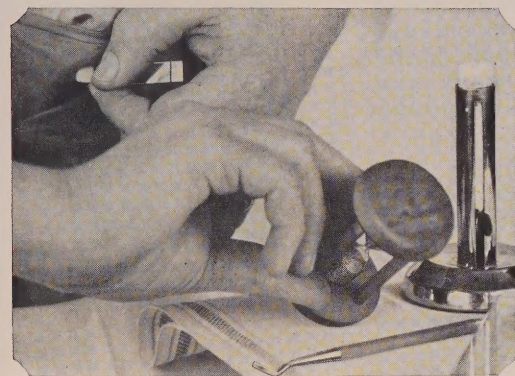
The housewife, too, has been quick to catch up with this modern tendency. Many a dentist now-a-days has his eggs boiled in the morning just as long as the sand runs.



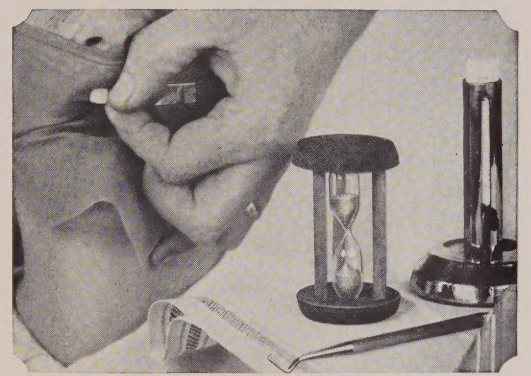
1417-B. Placing Synthetic Porcelain into the cavity.

error when holding the celluloid strip in place over a Synthetic Porcelain restoration. It takes three minutes for the material to reach its initial setting. If you wait that long then the strip will spring free away from the surface of the restoration upon being released.

On the other hand if you mis-gauge the period and release the strip ahead of time, the disastrous result is that some of the filling material will be pulled away and the cement bond will be broken.



(At Left) 1417-C. Holding tightly drawn strip in place and reversing the three-minute sand glass.

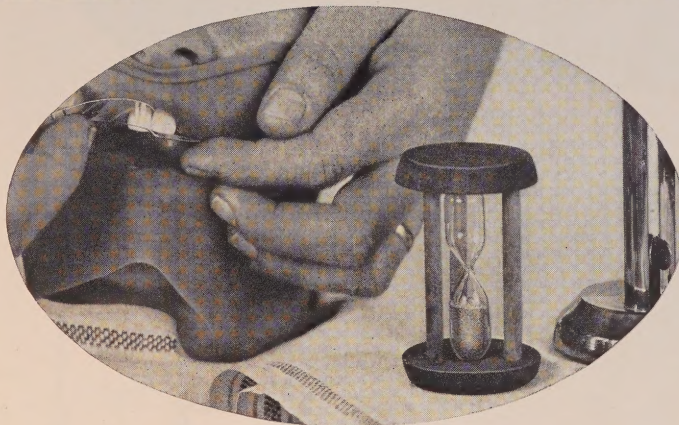


(At Right) 1417-G. Approximately half the time has elapsed. Generally at this stage the operator unfortunately "guesses" that the strip can be released.

And now we are recommending its use to the dentist himself. It is next to impossible to accurately guess the duration of a three-minute period when you have so many matters to think of in connection with your office. And the chances are ten to one that a minute and a half will have only elapsed when you estimate that three minutes must certainly have passed.

Suppose you make such an

1417-E. Celluloid strip removed and the restoration coated immediately with cocoa butter. This is allowed to remain on the Synthetic Porcelain for ten minutes after which the excess is wiped off with dry cotton. Do not use a solvent.



1417-F. After three minutes. The Synthetic Porcelain has reached its initial setting and the celluloid strip springs away from the filling, leaving a glazed surface on the restoration.

Please do not make the unfortunate mistake then of trying to smoothe over the roughened surface of the restoration, without going to the extra but necessary bother of replacing the old filling material with new from a fresh mix.

The pictures herewith illustrate how convenient it is for you to use the three-minute glass. It may be purchased from almost any store in your community.

1417-D. Synthetic Porcelain covered with Repelac and patient ready to be dismissed for a subsequent sitting, when finishing and polishing will be done.



If You Would Be Prosperous Then Do As Dentists Do

WHAT a theme for a printer to use in an article addressed to printers and published in the September Printed Salesmanship magazine! Some of our readers may be so unkind as to believe that Allen W. Rucker, the writer of the article, has completely lost his sense of direction.

Drawing his comparison between the dentist and printer he states: "You know that no good dentist immediately seats you in his chair, grasps a handful of bright, sharp instruments, and thrusts them into your mouth.

"Instead, he first asks you which tooth is aching, how long it has ached, and so on. Then he seats you in the chair and asks you to open your mouth. Then he takes his little mirror and looks at the offending molar. Then he carefully selects the instrument just suited to work on that tooth. Soon he informs you that it will be necessary to treat the tusk before he can fill it—that if he doesn't treat it, you will again have trouble.

"Do you object to this, because you realize it will probably cost twice the amount of the filling? No, you want that aching stopped. So the dentist treats the tooth. Then he looks over your other teeth. He finds two or three or a half-dozen which need attention. Before you know it he has you obligated for a dental bill several times what you thought you needed when you entered his office—and he has put your next toothache into the far-distant future.

"And you cheerfully pay his bill, because you want to be rid of the toothache."

The point which Mr. Rucker is emphasizing by this comparison is that the printer, if he really wants to do more business, must find out what the customer wants and go about satisfying such wants in a professional way.

Of course we are not primarily interested in this comparison. The interesting feature to us is that Mr. Rucker has evidently been perfectly satisfied with the services rendered by his own dentist, no matter how augmented the final bill happened to be.

Why can't other patients understand just as clearly how valuable a professional service is being rendered to them when the dentist links up the story of preventive dentistry with the practice of pointing out the vital need for more extensive dental work to be done in their individual mouths?

This thought is worthy of the study of all practicing dentists. In no better way can they further the genuine dentistry in which they are so keenly interested. Another particularly interesting angle to this article is the utmost respect which the writer has for dentists. You will probably recall that but a few years ago any mention of dentistry outside of dental magazines was the signal for an onslaught of discourteous slurs upon the profession.

Consequently this kind of publicity directed toward dentistry from what may be termed foreign channels unmistakably demonstrates the progress already made by the profession in gaining the good opinion of the public at large.

TO DENTAL ASSISTANTS

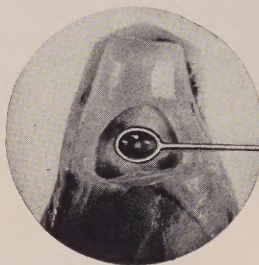
SO MANY of you have asked where the book by Emma J. McCaw, the Dental Assistant, can be purchased that it seems necessary to make a general announcement in this issue of Milford News. The publisher is C. V. Mosby Company, 3616 Washington Boulevard, St. Louis, Mo. The book may be ordered direct from the publisher or else through your dealer.



When Repelac Becomes Thick

GEORGE TRUITT, Caulk representative in New England, writes that a great many dentists have recently asked him what can be used for thinning Repelac (cavity lining).

We supply a Solvent intended specifically for use with Repelac. A bottle is included in the Repelac Combination Package, which also contains two bottles of Repelac.



There are three principal uses for the Solvent: *first*, to thin Repelac when necessary; *second*, to dissolve Repelac which has been painted on gums and teeth; and, *third*, to cement celluloid as when the size of a Crown Form needs alteration.

Another invaluable item having to do with Repelac is the set of Applicators. It is a great bother to use cotton for applying Repelac. The cotton smears the cavity, causing extra work.

The REPELAC APPLICATOR places the lining just where you want it. Besides it is much handier to use.

The most economical way to buy REPELAC is in this Combination Package containing two bottles of Repelac and one bottle of Solvent. The price is \$1.50 per package.

Single bottles of either the Repelac or the Solvent may be obtained at 60 cents each.

The REPELAC APPLICATORS sell for 50 cents per box of three. Each Applicator is a different size.

Youth envies the mature man with his fortune; the mature man envies youth with its opportunity.



Before treatment June 2, 1926. Lesions scattered over entire body. Gross lesions on legs, breast and head. Many mites found upon microscopical examination.

MERCIREX has already been shown by repeated tests to be an efficient parasiticide in cases of local affections, such as psoroptic and sarcoptic scabies of the rabbit. In this report on the treatment of severe cases of dog mange involving large areas of the skin, Mercirex is shown to be not only effective but non-toxic.

For this experiment four adult dogs all having well pronounced symptoms of sarcoptic scabies were selected. All of these animals were treated in the same manner and the results obtained were the same in each instance—complete recovery without evidence of any symptoms of poisoning during treatment.

Sarcoptic mange is the most common form of scabies in dogs. It is recognized by the appearance of minute red points which enlarge into papules as large as a pea and at times show as vesicles. These lesions usually start about the head. Then the paws, breast, abdomen, back and rump become infested.

There is severe itching, aggravated by warmth or covering. The dog moves about restlessly, bites, scratches, and rubs himself, the constant rubbing causing redness, congestion and swelling of the skin between the papules. The resulting abrasions, ruptured vesicles and open ends of the burrows of the mites exude a serous fluid, which solidifies as a crust or scab of greyish yellow, brown, or red color.

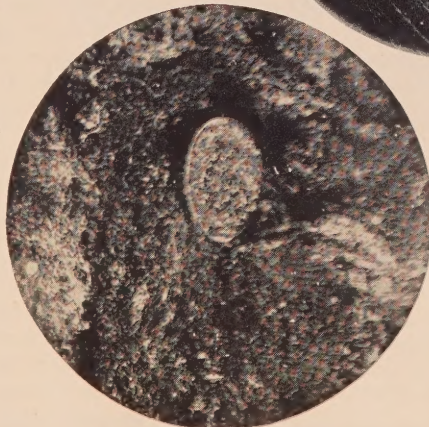
The exudation into the skin and subcutaneous tissues produces thickening, rigidity, and wrinkling of the skin and ad-



After five Mercirex treatments, July 22, 1926. Dog in normal condition. Careful search for mites shows none present.

Parasite found: *sarcoptes scabiei canis* (female)

Magnification 60 Diameters



Egg of parasite

Mercirex Treatment of Mange (*Sarcoptic Scabies*) in Dogs

Including a Demonstration of Freedom from Toxic Effect

hesion to the underlying parts. The exudate often undergoes decomposition accompanied by a very offensive odor. Pustules and other skin lesions are not uncommon.

The itching does not decrease with the advance of the skin lesions but scratching and rubbing, or if too painful, licking are incessant. The general health suffers, the appetite is impaired and due to the constant excitement, the dog becomes debilitated and emaciated and may die in two or three months.

One of the dogs used in this test is shown in the photograph 1374. At the beginning of treatment, June 2, 1926, this animal was in rather poor condition and had lesions of scabies scattered over practically the entire body. The most severe lesions were on the head, breast and legs. In the photograph one can see the swollen condition of the left hind leg as well as the crusts on the skin. At this time the dog weighed fifteen pounds.

(Continued on next page)

(Continued from preceding page)

Since the dermatitis produced by Sarcoptic mange is more or less confusing in its clinical aspects, it is always advisable to confirm the diagnosis by microscopic examination of deep scrapings from the lesions. Such scrapings were taken from several affected areas on each of the four dogs and examined microscopically.

Parasites in considerable numbers were found. One of the mites, a female, and an egg of the parasite are shown in the photomicrographs. These are magnified about 60 diameters. This parasite is known as *Sarcoptes scabiei canis*. It has about the same size and appearance as the Sarcoptic mite causing scabies in man.

TREATMENT

The hair over the entire body was clipped close and the animal was then bathed in hot water and Mercirex Soap. The whole body was thoroughly covered with lather and this rubbed well into the skin with a soft brush. This process was continued for 15 to 30 minutes, sufficient time being taken to soften and remove the crusts and scabs.

After this was done the skin was dried without rinsing. Mercirex Cream was then applied and gently rubbed into all the affected parts, taking care to massage the Cream thoroughly into the skin. In each of the four dogs treated the Cream was applied over practically the whole surface of the body.

The animals were treated in a similar, thorough manner on

the following dates: June 7, 10, 15, 22, making five treatments in all. After the first two treatments there was a marked improvement in both the skin and general condition of the dogs. However the last three Mercirex treatments were carried out quite as vigorously as the first.

No other therapeutic measures were taken.

One month after the last Mercirex treatment each animal was carefully inspected and no skin lesions discovered. Deep scrapings were taken from several of the areas which at first had shown gross lesions and examined microscopically for the presence of mites. All these examinations were negative.

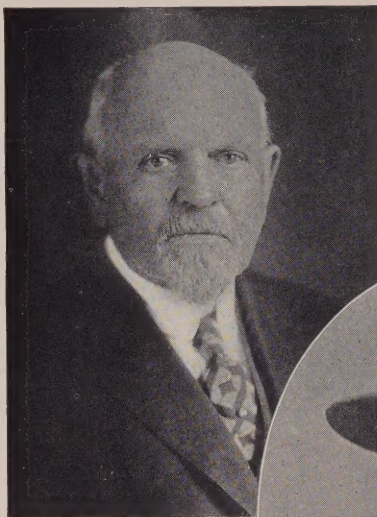
Photograph 1374-B which was taken at this time shows the dog in normal condition. The weight of the animal on this date was seventeen pounds and a half, a gain of two pounds and a half since beginning treatment.

All the dogs have remained in a healthy condition up to the time of writing this report (10 weeks after the last treatment).

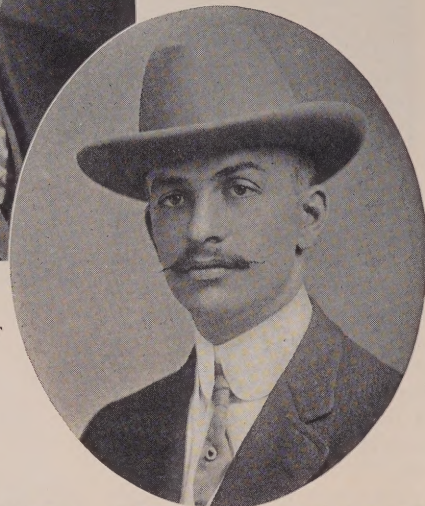
The animals were kept under close observation at all times during the treatment and special attention directed toward detecting any symptoms of poisoning which might be traced to the Mercirex. No evidence whatever of toxic symptoms was noted.

This indicates that Mercirex treatment may be applied safely over extensive areas of the body without fear of producing constitutional disturbances.

Grandfather, Father and Son Practice Dentistry Together



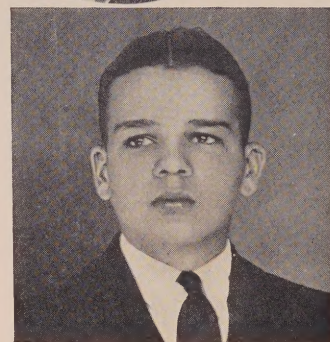
DR. H. C. GILCHREST
Graduated from Pennsylvania Dental College in 1871. Classmate of L. D. Caulk, the founder of The L. D. Caulk Company.



DR. J. T. GILCHREST
New York College of Dentistry, 1895



DR. J. GERALD GILCHREST
New York University, 1925



HOMER GILCHREST
High school student and preparing to study dentistry

Don't Mistake the Explorer for the Plugger

Point of Plugger
Magnified

IN order to pick out the Plugger easily at a glance, notice that its handle is both longer and thicker than the handles of the other Freepas instruments.

Still another identification mark is the ring of knurling which is cut on the Plugger handle about half an inch from the end.

Care in observing these differences in the handles will prevent the accidental discoloration which is bound to result from the use of the Broaches and Ex-

Point of Explorer
Magnified

plorers in contact with Osogen.

Every Osogen user should be certain that he is not mistaking the Explorer for the Plugger. Since only the Pluggers in the Freepas set of instruments are intended to come in contact with Osogen then they only have been made of a special non-corrodible metal. The Explorers, Broaches and the other instruments are of another metal.

The Pluggers will not discolor Osogen nor will they be discolored by it.

FARADAY, describing his experiment which established a fundamental law of electrical science was asked "What use is it?" To which he gave the retort, "Of what use is a newborn babe?"

Apparently in the Gilchrest family of Nyack, New York, the use of a newborn babe is to make a dentist of him.

Very likely there are but few instances throughout the country where the sons have adopted the profession of the senior member of the family and all practicing dentistry in the same town.

We are naturally particularly

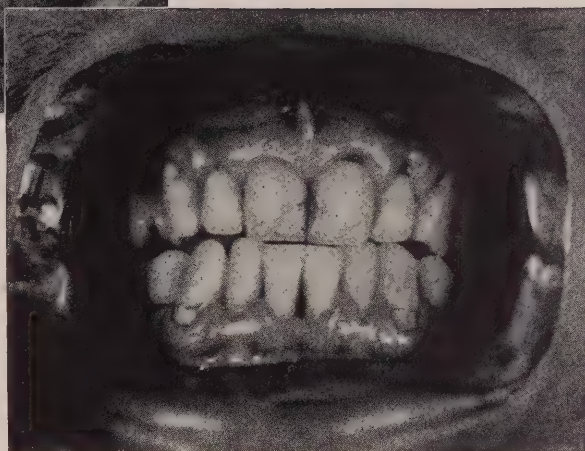
interested in this family since the elder Dr. Gilchrest was a classmate of L. D. Caulk at the old Pennsylvania Dental College in 1871. In Dr. Gilchrest's letter to us he writes of Dr. Caulk "as a man of pleasing appearance and fine address. Black hair and beard. Somewhat reserved and seemed to me to always be in deep thought. But he would enjoy a good joke—then you would see a merry twinkle in his eye."

MILFORD NEWS would be pleased to receive information regarding other families so closely linked up with dentistry.



Condition at
first visit

Condition after four
Mercitan Treatments



Four Mercitan Treatments Conquered This Case of Vincent's Gingivitis

Mercitan Case No. 492

PATIENT presented with a very active case. The typical grayish-white membrane encircled many teeth. The breath was offensively foul. The patient's general health, however, was good.

Smears taken from the affected areas showed an abundance of Vincent's spirochete and fusiform bacilli.

The gum tissues were quite sore and bled profusely upon the slightest irritation. Patient complained that he could not bear the pain of taking either hot or cold food in the mouth. And since mastication caused such copious hemorrhage, followed by nausea, he had resorted to a liquid diet.

TREATMENT

First Visit: Sprayed the mouth with peroxide of hydrogen 3% using about ten pounds air pressure. By this process of mechanical cleansing and oxidation the pseudomembrane was removed, thereby exposing the infected tissues to the direct action of the treatment to follow.

Strong Mercitan Fluid was then carefully applied to all ulcerations on the surface of the gums. The remaining mucous membrane was protected with cotton rolls. The Mercitan Fluid caused the ulcerated patches and gum margins to turn white.

No attempt was made to scale at this first visit.

A poultice of mild Mercitan Cream, thinned with a few drops of glycerine, was applied over all parts not previously treated with Mercitan Fluid. The Cream was covered with bibulous paper and allowed to remain undisturbed for five minutes, thus giving ample time for penetration into the tissues.

At the end of five minutes the

bibulous paper and the excess cream were removed. This preliminary treatment with Mercitan Cream considerably decreases the hemorrhage.

Note that only the ulcerated areas were treated with Mercitan Fluid and that the inflamed areas were only covered with Mercitan Cream.

Patient was dismissed for two days with instructions to rinse the mouth every one or two hours with Mercitan Lotion, full strength.

Second Visit: Repeated the hydrogen peroxide treatment and washed out the excess with a spray of Mercitan Lotion. Partial scaling was done at this visit. The second treatment of strong Mercitan Fluid was applied to the areas where the grayish-white membrane and ulcerations persisted. Mercitan Cream was applied under the remaining gingival margins. Patient again dismissed for two days with instructions to continue rinsing the mouth with Mercitan Lotion.

Third Visit: Appearance of tissues greatly improved. A more thorough scaling was done. The patient was instructed how to properly brush the teeth and massage the gums.

Photograph 1333-B shows the result accomplished after four treatments. Tissues are hard and pink and no signs of bleeding upon brushing. Smears taken at the time of this photograph showed the usual number and kind of organisms found in the normal mouth.

Have You Mailed Your Card?

A GREAT many dentists have already kindly reported their individual success with Mercirex, using the stamped card which was enclosed in the last issue of *Milford News*. We thank you for your promptness in replying.

But there must be many other interesting reports among dentists who have not yet written to us.

If you have not as yet complied with our request may we urge you to do so at your very earliest convenience. Your report will be of most valuable assistance to us at present.

It will not be used for advertising purposes.

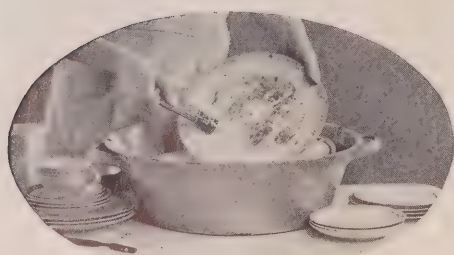
The Possibility of Making Loose Teeth Tight Again

LOOSE teeth that have one-half or more of the root or roots still attached to vital periodontal membrane will again become tight as soon as the pockets are completely obliterated, the infection checked, and the tooth held firmly in position by splints, during the process of healing.

In cases treated with Mercitan it is not uncommon to have loose teeth become perfectly tight and firm in two weeks, even though splints have not been used, providing that the detached cementum has been smoothed and polished and the pockets properly obliterated and healed.



That Living Dinner-Set in the Mouth



To compare the cleansing action of Mer Dentifrice with some other tooth-paste try this test



You would find that only Mer Dentifrice really cleans off the grease leaving a polished surface on the plate

TOOTH-CLEANLINESS—what an adventure into the far distant unknown that would mean to some of your patients!

Strange as it may seem,—but few people draw the comparison between the condition of the dinner dishes and that of their teeth after the meal. And yet exactly the same kinds of grease and food particles which stick to the dishes adhere to the surfaces of the teeth and lodge in the interproximal spaces.

Everyone will agree that the dishes should be washed at once. But how about that living dinner-set in the mouth?

Severe professional criticism of slipshod and indifferent mouth hygiene will often correct this condition with many patients.



Three tubes of the Caulk Clinic tooth-paste come in one package which retails for an even dollar

MER Dentifrice

The only tooth-paste good enough for use in the Caulk Clinic—good enough to warrant its positive recommendation by careful dentists

not required with his material which worked as easy as putty scooped out of a bucket," said a snappy professional looking young dentist who certainly showed no evidence of close kinship to a glazier. But then, ex-hardware salesmen, like ex-prize fighters, are nowadays drifting into all sorts of dignified professions.

The question started an acrimonious discussion which included every kind of suggestion from lynching the putty salesmen to forming a standing committee of the Society for the standardization of technique for silicates.

The succeeding quiet, however, enabled us to explain that putty, when not adulterated, was a mixture of whiting and linseed oil and had no chemical relationship to a silicate. The powder of the silicate is an aluminous-silicate and the liquid aqueous aluminous-phosphoric acid. Putty could be mixed by the baby or in big kneading machines but silicates because of the intense affinity of powder for liquid must be mixed on a slab in a certain definite way.

Then followed some explanations with charts that showed how mixing too thin lowered not only strength but resistance to saliva. How evaporation of water from the liquid retarded the setting and lowered resistance to oral fluids. How mixing on a slab at 65° to 75° F. the incorporation of a certain amount of powder while mixing with maximum resistance to disintegration.

How mixing too warm made the material too soft and lowered the strength of the powder when set.

One chairman inquired:

time this graphic explanation convinced many of the advisability of deferring finishing of the filling to the following day.

"Well, that question about technique certainly taught me something new. But I was told that a certain silicate was 25% stronger than Synthetic Porcelain," said an inquisitive looking chap on the back seat.

That statement started a discussion that sounded like a meeting of a society of physicians instead of a meeting of dentists. Kilograms, pounds, millimeters and inches came in for a much needed review among those who never before saw the relation of mathematics to dentistry.

It was explained that claims for crushing strength meant nothing unless a lot of factors were carefully controlled in making the test. Everything had to be controlled: temperature of slab, quantity of powder and liquid, size of cylinders, storage time and temperature, rate of application of load in crushing and many other little items which could creep in to give fictitious results. And then it required check tests for each period of time.

The particular silicate which sailed under the "25% stronger" banner took the rologian and stopped at just 74% of the strength of Synthetic Porcelain which still is the strongest cement known.

It was pointed out that another silicate is more popularly known as "Nela Park Synthetic Porcelain," brought out by the same manufacturer.

It was pointed out like a Nela Park conference. Definitions of strength, crushing, tensile, impact, shadow, reflection and refraction were explained. It all came back to the fact that the degree of strength was a degree of strength.

EXPLODED SILICATISMS

May We Mail a Copy to You, Free?

What is the arsenic superstition?
Does heat drive out impurities in a translucent filling material?
Can a filling material be handled like putty?
When should a filling be finished?
What about translucency and the window pane?

.. All of these interesting questions and many others are carefully answered in EXPLODED SILICATISMS. ..

This Dentist Hangs His A-M Gage on the Wall

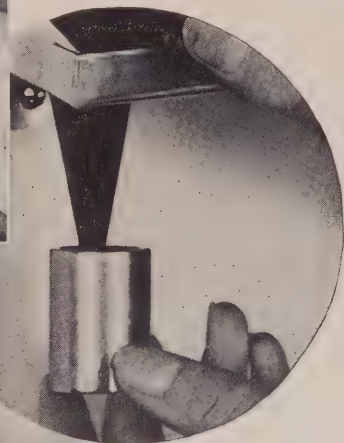


Holding mortar under spout

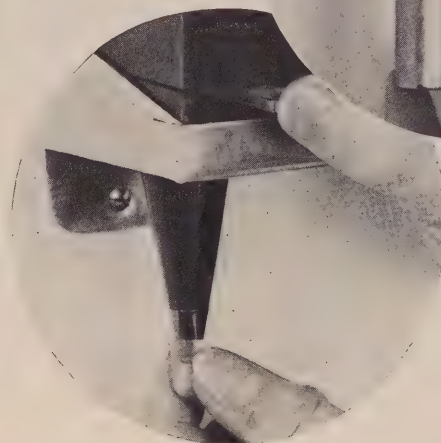
DR. C. E. BOTTOMLEY of Burlington, Wisconsin, contributes this thought to users of the Caulk Alloy-Mercury Gages. Hanging on the wall the Gage is handy, and also out of the way.

The device is not at all difficult to make. A sheet of scrap-aluminum was used for the one illustrated.

Complete details of its construction will be sent to anyone interested.



The container of any amalgam mixing device can be conveniently used with the Caulk Gage and this holder



Just Another Pair of Hands

to this general statement.

The brain mechanism controlling those additional hands must be of such stuff that it can readily be adapted to professional duties.

Many skeptical dentists refuse to believe that it is possible for an assistant to relieve them of at least twenty-five per cent of the burdens connected with a dental office. Most of them look upon her as a nuisance—some one who has a smattering knowledge of what should be done and yet incapable of doing it.

Of course this particular point of view is prejudiced. Many

times these stock arguments are advanced to screen the lack of progressive tendencies among the more indifferent practitioners.

But an interested study of the facts by any thinking dentist will demonstrate conclusively that there is a vital need in his office for the services of a competent assistant who has been patiently trained for her duties.

It would be out of the question to enumerate here all of the services and burdens which may be profitably delegated to her. You who do not enjoy such assistance at present would be immensely relieved to discover

that much of the routine which you are finding so tiresome would be promptly taken from you and done with quicker dispatch—and likely far more efficiently.

Probably the one thing about the office which is most objectionable to the dentist is the keeping of records and accounts. The end of the month has a notorious habit of being just one day away. And there are always bills to be made out and mailed along with the statements of accounts due.

Then when the patient is being dismissed you could be relieved of the necessity of stating the fee. Harry Bosworth suggests, "Let your assistant fight over the bookkeeping. If the

(Continued on page 11)

Copper Amalgam's Place in Children's Dentistry

AN article by Dr. H. S. Stain in September's *Oral Health* magazine contributes a host of interesting and invaluable ideas regarding the part children's dentistry plays in general practice. His description of the friendly manner in which he is careful to handle both the little folks and the parents is worthy of the interested study of every general practitioner.

Herewith is reprinted that part of Dr. Stain's article in which he refers to his method for treating and filling deciduous teeth:

"When a cavity is regarded as being too large for AgNO_3 treatment and filling, a definite cavity preparation technique is just as necessary as in adults, but only after making due allowance for the shape of the cavity in deciduous teeth. In all cases every particle of decay must be removed.

"This extensive removal of caries very often causes involvement of the pulp. In such a case two courses are open: Pulp conservation depending on pulpal condition; and devitalization.

"This latter course will probably cause a little head shaking. But here let me ask: In a child of, say, two or three years, the first and second molars should normally function for from seven to nine years. What conservative dentist would leave carious dentine in close proximity to the pulp for this length of time?

"Owing to the construction of deciduous teeth with their large pulps and constricted root-canals, a carious tooth usually becomes infected pulpally with consequent alveolar abscess, and fistula on the gum in a few weeks. When a child has several such teeth, the toxic effect cannot be estimated, but must be very harmful to the well-being of the child.

"These foci may remain for years, lowering resistance to disease, and often involving tonsils, salivary glands, or the lymphatic glands of the neck.

"It appears to me that a faulty calcium metabolism may in some measure be due to malnutrition as a direct result of these conditions.

"Pulpal infections and abscesses in deciduous teeth may be caused in two ways: Bacterial invasion following caries; or death of pulp from a blow. Owing to the larger dentinal tubules a pulp in a deciduous tooth becomes infected very much earlier than in a permanent tooth. This being the case, in the writer's opinion pulp capping after exposure in deciduous teeth is

absolutely contra-indicated. If in removing the whole of the carious dentine a pulp is exposed either devitalize (cobalt mixed with dentalone or eugenol for twenty-four hours) or put in a dressing of zinc oxide and eugenol for two or three weeks, when it will be possible to open right into pulp chamber.

"Wash out thoroughly with syringe, dry cavity, and insert a loose dressing of Phenol compound. This should be left in position for some days, and after cleaning out the pulp chamber thoroughly with a Black's spoon or large rose bur, dress with Tri-cresol and formalin for one week.

"On return isolate the tooth, remove dressing, dry with hot air and wash out with hydrogen peroxide (H_2O_2). If there is no effervescence present fill pulp chamber with alum paste and seal with G. P. If any effervescence is present after H_2O_2 repeat formo-cresol treatment. Dr. Jordan, of Los Angeles, recommends this treatment, which has proved a boon in my practice.

"An abscessed condition exhibiting fistula or gum-boil usually proves more difficult, but the same treatment is recommended. If unable to clear up these infections, or if there are several in the same mouth, and the child exhibits every sign of auto-intoxication, do not hesitate to extract.

"The teeth which usually exhibit bacterial infection are the molars, and these are the teeth it is most essential to retain if possible. They are the masticatory organs of the deciduous dentition, and if retained and used in that capacity exert a profound influence in promoting the development of the dental arches by a normal functional mechanical stimulus.

"The too early extraction of the deciduous teeth is responsible for many cases of malocclusion, such cases usually exhibiting crowded arches and

overlapping of teeth. On the other hand, many cases for the orthodontist are certainly caused by the too long retention of these teeth. These two factors alone indicate most conclusively the necessity for the general practitioner carefully studying conditions of the oral cavity in early childhood.

"Cavity preparation differs but little from the technique employed in permanent teeth. Occlusal cavities should be extended along each fissure. Proximal cavities should be extended over occlusal angle in order to obtain sufficient retentive form. See that all fragile walls are carefully chiselled and smoothed, and that every particle of decay is removed.

"Materials for filling deciduous teeth are varied, but in the writer's practice all have been eliminated for general work excepting copper amalgam. Copper amalgam can be utilized to fill every requirement for a fill-

ing in temporary teeth. Proximal cavities can be built up with a large bell-shaped contact point in a quite satisfactory manner without a matrix. But owing to its comparatively slow setting properties it is essential that parents be instructed only to give food in a liquid form for the rest of the day.

"Whilst dealing with proximal cavities, one often finds two proximal cavities in adjacent teeth. In these cases, particularly the deciduous molars, it is advisable to fill the mesial cavity in the second molar first. Do not build out any contact point and polish before inserting distal filling in first molar; in this case building up a large contact point.

"This will preserve the space, protect the interstices, and when the first molar is lost there is no overhanging contact in second molar to interfere with the erupting first permanent bicuspid."



What is the Correct Consistency of the Synthetic Porcelain Mix?

This question is repeatedly asked by interested and careful users of Synthetic Porcelain. It is a very important item in the technic, too.

WHEN you are ready to mix, place three drops of liquid near the center of the slab and a quantity of powder on one end equal to about five times the quantity of liquid. Begin the mix by drawing the first portion of powder, half the total quantity. After this first portion of powder is thoroughly incorporated, add successively smaller portions until the mix reaches the consistency illustrated in the photograph above.

Observe whether or not it will break into soft curling ruffles with the surface sheen just disappearing upon being spread

across the slab under the spatula. In fact, the mix will resemble bread dough.

The time of mixing is vitally important. Under no circumstances should you take over a minute and a half since over-spatisation causes slow-setting—resulting in a weak disintegrating filling. In fact, a better mix can be obtained in a minute and a quarter. Ordinarily, the working time available for filling and placing is one minute. Of course, temperature and humidity will always cause a slight variation in this working time.

Contents of Narrow Model Synthetic Cabinet

Plate Glass Slab
No. 2 All-Stellite
Spatula
Shade Guide
Repelac (Cavity Lining)
Crown Forms
Cocoa Butter
Booklet of New Blend-
ing Charts
2 Full Portion Liquids
8 Full Portion Powders
Shades 2-3-4-5-6-7-9-
14.



The Regular Assortment of Shades in the Synthetic Cabinet

are the only ones needed
to match all natural
tooth shades except
those that are rare ex-
ceptions, and the book-
let of new blending
charts shows how this
perfect blending is done
with the greatest ease
and certainty.



If you already have slab, spatula and other equip-
ment but do not have a Synthetic cabinet you
may obtain one free by purchasing the 12-4 pack-
age of Synthetic porcelain. It contains twelve full-
portion bottles of powder and four full-portion
bottles of liquid. (The regular assortment of shades
is: White, Light, Light Yellow (two bottles), Light
Gray, Bluish Light Gray, Dark Gray, and Special
Blend. You may easily obtain any other assortment
of shades that you may desire, in sealed and separate
cartons. The price of this package is \$39.50.

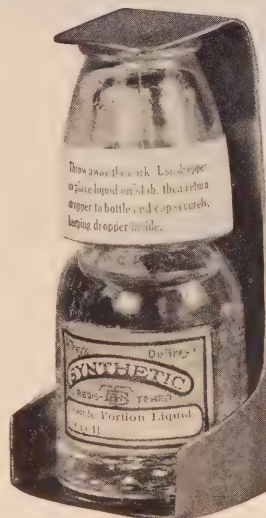


A Unique Device to Remind Your Assistant

DR. ALFRED P. LEE of Phila-
delphia recognizes how im-
portant it is to securely seat the
cap on the Synthetic Porcelain
liquid bottle immediately after
using. To constantly remind his
assistant of this duty he has gone
to the trouble of designing and
making this holder shown in the
illustration, and insists that the
bottle be kept in it at all times
when not in actual use.

Before the bottle is placed in
the holder the ground glass cap
is seated with a quarter-turn.

If you should be interested
in learning the construction of
this holder we would be pleased
to furnish you with a diagram
without charge, for any device
that has for its purpose the se-



curing of the cap on the Syn-
thetic Porcelain liquid bottle is
a most valuable item.

Just Another Pair of Hands

(Continued from page 9)

fight gets too bad you can al-
ways step in and apologize. But
there'll be \$20.00 in the cash
drawer anyhow."

"How much should you pay
your assistant? Give her plenty;
all she can earn, and more. Let
it be known that the job in your
office is the best job in town.
Then you will get the best girl
to work for you, and she won't
let anybody else get the job
away from her. That's the only
right way to be sure of capable
help, and what good is any other
kind?"

If any further argument is
needed to emphasize the im-
portance and value of the dental
assistant we need only to quote
a paragraph from the writings
of Dr. C. N. Johnson:

"She has wrought a change in
the entire aspect of the dental

office and has brought to it a re-
finement and grace which did
not exist before her advent. She
has taken from the practitioner
much of the detail and drudgery
of his daily task and has left
him free to concentrate on the
scientific and technical prob-
lems of his practice, and in this
she has added most materially
to his efficiency and the output
of his service. Every advance,
therefore, in her status or
achievements must redound to
the benefit of the practitioner
and to the welfare of dentistry
as a whole."

TOOTH-PASTE can not
cure pyorrhea any more
than talcum powder can cure a
tummy ache. If the public be-
lieves differently, is it the dentist's
fault?—The MER Maid.



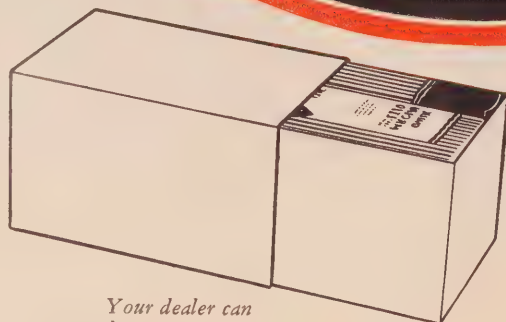
*There is a Vital
Need for the Active
Co-operation of the
Patient at Home*

12-50
**MERCITAN LOTION
OUTFIT**
12 eight-ounce Bottles &
50 two-ounce Bottles
for \$12.00
The Economical Way
to purchase
**MERCITAN
LOTION
(CAULK)**



*Home
Treatment
Package*

MANY DENTISTS keep on hand a special package containing one 8-ounce bottle of Mercitan Lotion and one tube of Mer Dentifrice. The patient receives the package with positive instructions for use and the regular dollar charge is added to the bill. The box has no label and requires no wrapping.



*Your dealer can
supply you with any
number desired.*



I AM informed by our chief clinician that no matter how careful and painstaking you may be in carrying on a thorough prophylaxis and in administering your customary pyorrhea treatment, it is altogether probable that the expected satisfactory results will not follow if the patient neglects or ignores your prescribed recommendations for the hygienic care of the mouth at home.

L. D. Caulk
PRESIDENT
The L. D. Caulk Co.

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CANADIAN EDITION

MILFORD NEWS

What Is A Clean
Mouth?



Picture Technic of
Synthetic Porcelain



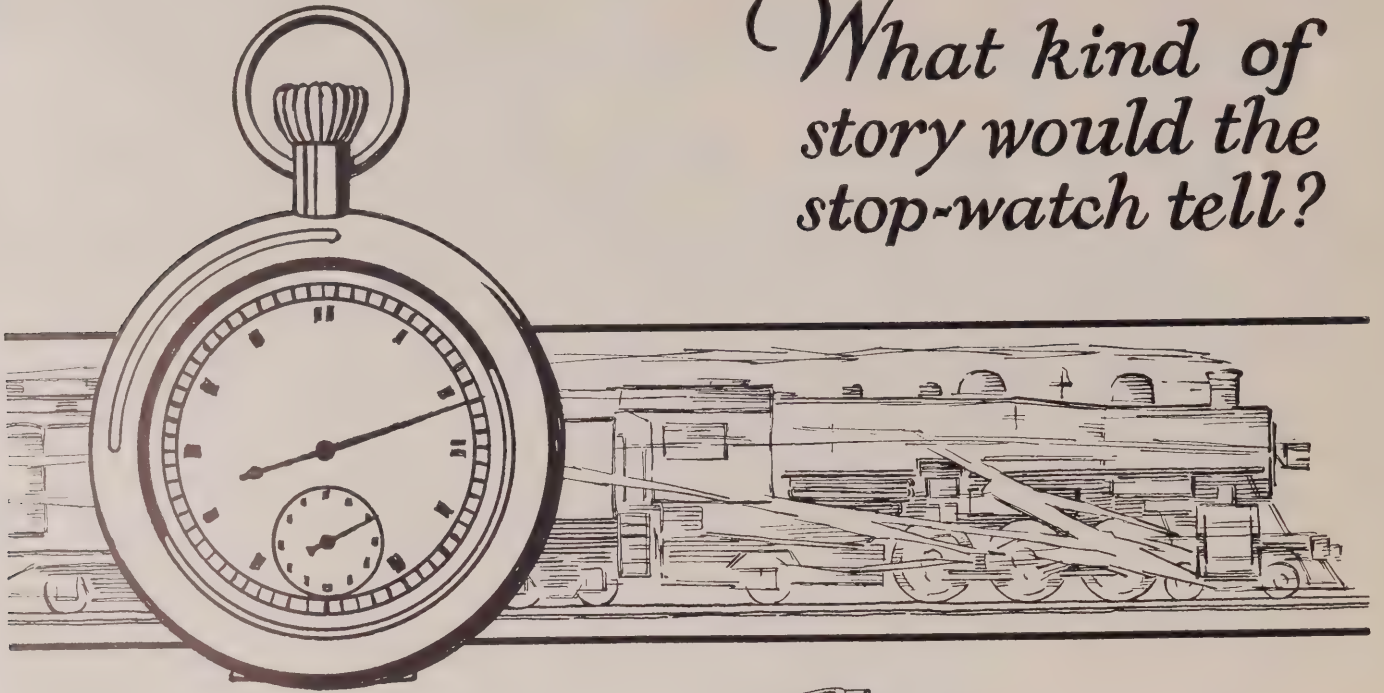
Cleanse The Hidden
Pockets in Osogenation

NUMBER

63

DENTAL EDITION :: 73,000 COPIES

What kind of story would the stop-watch tell?



Hitting the high spots at an express train clip is just about what most patients call brushing their teeth effectively. Ten seconds by the stop-watch would see the *chore* done.

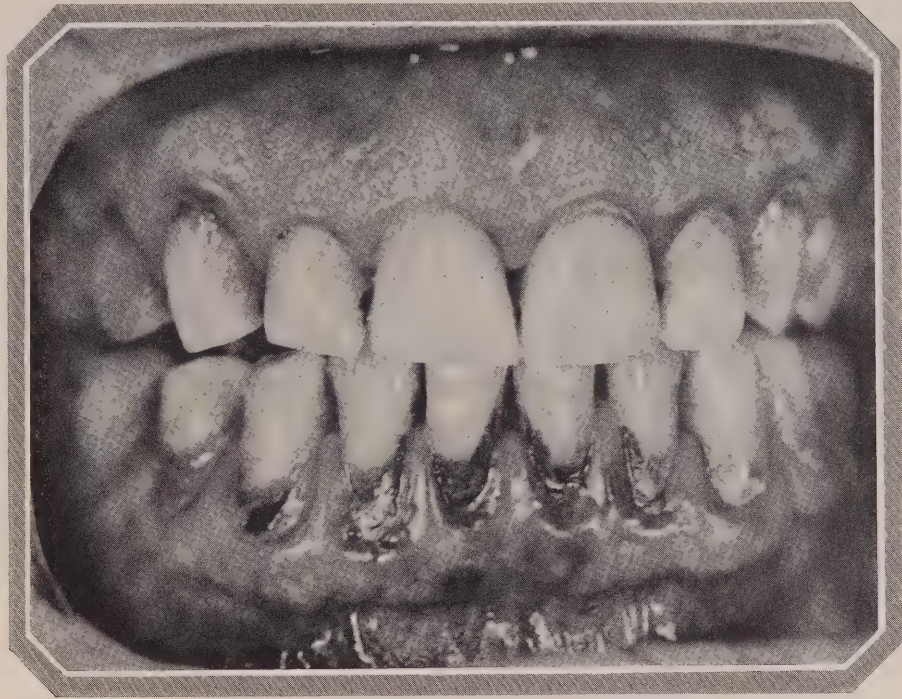
Then, of what good is a good tooth cleanser like Mer Dentifrice when the patient doesn't keep it on the job long enough?

Scrubbing the teeth and massaging the gums is the only known method of maintaining mouth cleanliness. And it takes time—five minutes by the clock at least—to do the duty as it *should* be done.

You have in Mer Dentifrice a soap-content which resists solution long enough to dissolve greasy deposits no matter how long the brushing may be extended. Then it washes away leaving no residue.

When you are instructing your patients about mouth-sanitation tell them also how Mer Dentifrice, made for dentistry *first*, meets your requirements.





WHAT IS A CLEAN MOUTH?

It is easy enough to distinguish between a clean mouth and a dirty mouth. A simple inspection by the dentist will quickly tell him whether the mouth under examination is clean or not.

In fact the average layman can readily distinguish between a clean mouth and a dirty mouth if he is invited to inspect his own mouth by looking into a mirror or if he is asked to pass judgment upon the mouth of some member of his family.

It is strange indeed how persons of cleanly habits will tolerate an unclean mouth in their own case; or, in such large measure, will limit their labors to the front teeth. To some, accumulations of tartar and filth on the outer surface of the front teeth are inexcusable and call for vigorous efforts with the toothbrush, with visits to the dentist, or superb faith in tartar solvents.

Accumulations of tartar hidden from view on the back of the front teeth, or on the back teeth, together with the associated filth are seldom appreciated except by the person who has been fortunate enough to

We cannot close our eyes to the bacteriological condition of the filthy mouth by the excuse that one cannot rid the mouth of all bacteria any more than we would be willing to go back on our efforts to produce sanitary water, milk and other foods. But teaching that the mouth cannot be sterilized, which we will readily admit, has had much to do with laxity and neglect on the part of most people.

have been in the hands of a dentist who takes seriously the matter of mouth cleanliness.

It is hardly necessary at this time to call attention to the fact that the dirty mouth is the forerunner of tooth decay and gum disease. We may be perfectly willing to concede much to the element of nutrition in the preservation of teeth and gums, and we may even agree that a clean tooth will sometimes decay.

But we cannot hide behind faulty nutrition or special causes of tooth decay or gum disease and so ignore the outstanding fact that the majority of people do not have clean mouths and that pyorrhea is generally the result of neglect.

Statistics are often misleading because they are too limited in the numbers or types of persons studied. What may be true in one dental office may seemingly be untrue in another. Cleanliness is certainly not the exclusive virtue of the urban dweller any more than filth is the rule in rural communities.

Cleanliness and filth are segregated through education rather than by the map.

Esthetics or health provide the motive or appeal for correction of the dirty mouth. With many persons appearance is paramount and the knowledge of this psychic factor is the mainstay of much advertising effort today. But those who are gen-

erally less susceptible to the esthetic appeal will fall for the health appeal as the approaching years bring on aches and pains.

If people were more afraid of bacteria than they are of what the neighbors will say, our educational campaigns for a clean-up of dirty mouths would be much more effective. But the public will never be afraid of what they do not see although perhaps ashamed of what their neighbors can see.

They must learn the serious effects of oral neglect. We must teach them that deposits of filth are not merely tartar, which to them means little more than deposits of chalk.

We must teach them that a mouth which shows gross deposits of tartar is an unclean mouth; that this has associated with it millions of unseen bacteria which ultimately bring about not only tooth decay and inflammation of the gums, but also cause the formation of pus and the final destruction of the tissues which invest the teeth, with the concomitant effect on general health.

We can never expect the

mouth to be sterile. We can never hope to destroy all of the bacteria. This is no more surprising than the fact that we can never hope to have sterile milk, water, ice cream, oysters, or other natural foods, even though preservatives are added.

But as we distinguish between clean milk and dirty milk, or pure ice cream and impure ice cream, by the number of bacteria which are present so can

we distinguish between a clean mouth and a dirty mouth by the number of bacteria which are present in the saliva.

We cannot close our eyes to the bacteriological condition of the filthy mouth by the excuse that one cannot rid the mouth of all bacteria any more than we would be willing to go back on our efforts to produce sanitary water, milk and other foods. But teaching that the mouth

cannot be sterilized, which we will readily admit, has had much to do with laxity and neglect on the part of most people.

Because the mouth cannot be kept sterile is no reason for failing to keep the mouth clean and the numbers of bacteria in respectable check.

Harmful bacteria are restrained and the numbers of harmless bacteria in the mouth are kept down by strict cleanli-

ness. In the same way sanitary measures now required in every State assure us of a clean milk supply. What the dentist needs today to aid him in his propaganda for oral cleanliness are more facts and fewer fads regarding the precise value of dentifrices.

We present the first of a series of studies on the bacteriological condition of the mouth in health and in pyorrhea.

Bacterial Content of the Mouth under Normal Oral Conditions

THE objects of the following tests were to determine the number of bacteria in the saliva, and how their number would be affected by the use of Mercitan Lotion as a mouth wash.

Two patients showing normal oral conditions were selected for the tests. These patients were well above the average in mouth

cleanliness and had no unfilled cavities in the teeth, nor did they show any evidence of pyorrhea.

Samples of the mixed saliva were collected by chewing sterile soft paraffin for five minutes, the saliva being collected in sterile Petri dishes. The saliva was then well mixed and plated

in suitable dilutions in litmus-lactose agar. The number of colonies present were counted after 48 hours' incubation at body temperature.

Four samples of saliva in all were collected and duplicate counts were made of the various dilutions in each test.

For the first test, samples of saliva were collected without any previous rinsing or other treatment of the mouth to determine the total numbers of bacteria present. Then the mouth was rinsed for one minute with 25 cubic centimeters of plain water, after which samples of the saliva were again collected. This test would therefore show the total number of bacteria present before and after rinsing the

mouth with water and thus serves as a control.

Two days later, samples of saliva were again collected from the same patients before rinsing or other treatment of the mouth. Then the mouth was rinsed for one minute with 25 cubic centimeters of Mercitan Lotion diluted in the proportion of one part of Mercitan Lotion to three parts of water. This was followed by three rinsings with plain tap water, after which samples of saliva were again collected.

In every case the saliva was plated immediately after collection. The quantities of saliva plated in duplicate on each case were 1/1000, 1/10,000 and 1/100,000 cubic centimeters. The plates showing a suitable number of bacteria for enumeration were counted.

RESULTS

October 6, 1926	PATIENT A		PATIENT B	
	Before	After rinsing with Water	Before	After rinsing with Water
Dilution counted 1/10,000 c.c.	a. 672 col. b. 432 col.	a. 543 col. b. 562 col.	a. 753 col. b. 1107 col.	a. 930 col. b. 808 col.
Average count per c.c.	5,520,000	5,525,000	9,300,000	8,690,000
Percent reduction of bacteria after rinsing with water		0.0%		6.5%
October 8, 1926	PATIENT A		PATIENT B	
	Before	After rinsing with Mercitan Lotion	Before	After rinsing with Mercitan Lotion
Dilution counted 1/10,000 c.c.	a. 555 col. b. 430 col.	a. 126 col. b. 153 col.	a. 665 col. b. 522 col.	a. 237 col. b. 267 col.
Average count per c.c.	4,925,000	1,395,000	5,935,000	2,520,000
Percent reduction of bacteria after rinsing with Mercitan Lotion		71.6%		57.5%

The results of the tests show:

1. In these normal mouths, kept reasonably clean by home prophylaxis, the bacterial content of saliva was from about five to ten million bacteria per cubic centimeter (one-fourth of a teaspoonful).

2. Using plain water as a mouth wash, the bacterial content was not perceptibly reduced (from nothing to 6.5%).

3. Using Mercitan Lotion as a mouth wash for one minute, in a dilution of one part of Lotion to three parts of water, the bacterial content was reduced over 50% (from 57.5% to 71.6%).

Bacterial Content of the Mouth in Pyorrhea

IT is customary to find many cases of pyorrhea, in fact the large majority, due to gross neglect. The teeth show considerable deposits of salivary calculus and often, too, there is a ring of serumal calculus extending under the free margin of the gums. There are usually quite a number of pus pockets, carious teeth, a foul breath, congestion and inflammation of the gums, and some loose teeth. Generally the mouth condition may be described as filthy.

It was thought of interest to determine whether the number of bacteria present in the saliva under such conditions would show a corresponding increase over the normal mouth and also what effect the use of Mercitan Lotion as a mouth wash would have under these conditions.

Would Mercitan Lotion used as a mouth wash, appreciably lower the bacteria in such a

filthy mouth as illustrated?

A patient having a case of pyorrhea of the type mentioned was selected for this test. Photograph-1 shows the condition of the mouth. The patient, case No. 651, was taken on for routine pyorrhea treatment in the Clinic and so we were fortunate in being able to follow this case during the progress of dental treatment.

After the photograph shown here was taken, and before any dental work was done, the patient was given some sterile soft paraffin and asked to chew this for five minutes, spitting out the saliva, as it collected, into a sterile Petri dish. Then twenty-five cubic centimeters of diluted Mercitan Lotion (1 to 3) were given the patient with instructions to rinse the mouth thoroughly for exactly one minute. This was followed by three ordinary rinsings with plain tap

water to wash out the Mercitan Lotion.

The patient was again allowed to chew soft sterile paraffin for five minutes and the saliva collected.

In this way two samples of saliva were obtained, one representing the mixed saliva before any rinsing or treatment, and the other following the use of Mercitan Lotion as a mouth wash.

Platings of the saliva in litmus-lactose agar were made immediately. Duplicate plates representing 1/1000, 1/10,000, 1/100,000 and 1/1,000,000 of a cubic centimeter of the saliva were made and incubated for forty-eight hours at body temperature. The plates showing a suitable number of colonies were counted.

RESULTS

1. BEFORE DENTAL TREATMENT

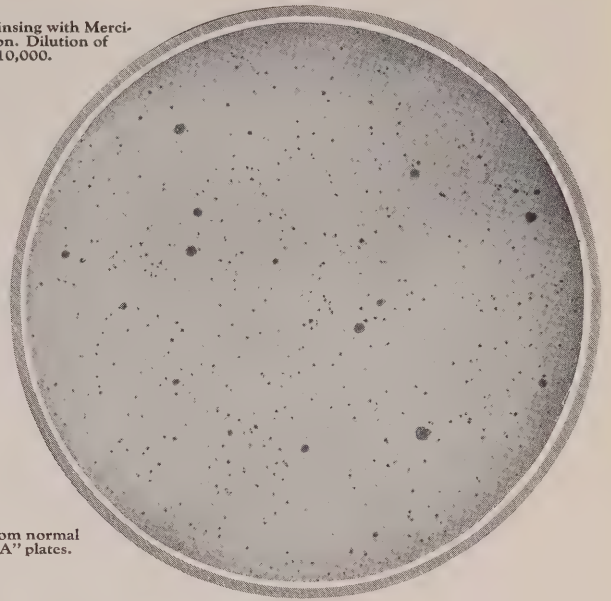
October 4, 1926	Before rinsing	After rinsing one minute with Mercitan Lotion 1:3
Dilution counted, 1/100,000 c.c.	a. 839 colonies b. 823 colonies	a. 94 colonies b. 87 colonies
Average count per c.c.	83,350,000	9,050,000
Percent reduction of bacteria after rinsing with Mercitan Lotion 1:3		89.1%

Photographs showing two of the Petri dishes counted for the above tests reprinted herewith. They are the "A" plates, before and after.

Smears of the saliva before using Mercitan Lotion were stained and examined microscopically. In each microscopic field there were enormous numbers of micro-organisms, the coccus forms predominating. These consisted of large clumps of staphylococci, many diplococci and streptococci. Numerous rods of diverse types including fusiform bacilli were also present. Spirochetes in moderate numbers were observed. Scattered epithelial and pus cells were present.

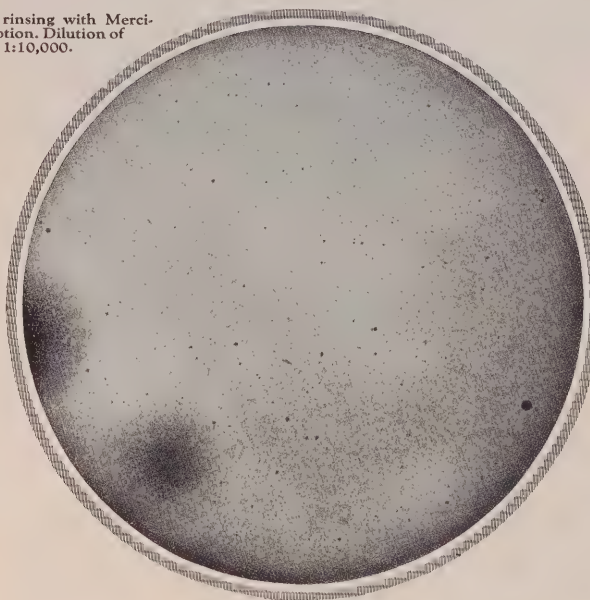
Microscopic examination of smears of the saliva after using Mercitan Lotion revealed the presence of the same types of organisms as those mentioned

Before rinsing with Mercitan Lotion. Dilution of saliva 1:10,000.



Saliva from normal mouth "A" plates.

After rinsing with Mercitan Lotion. Dilution of saliva 1:10,000.



Saliva from pyorrhea mouth.

Before rinsing with Mercitan Lotion. Dilution of saliva 1:100,000.



After rinsing with Mercitan Lotion. Dilution of saliva 1:100,000.



above but in greatly reduced numbers.

After collecting the samples of saliva, the results of examination of which are reported above, the patient was given a preliminary scaling to remove gross deposits of salivary and serumal calculus. Quite a number of carious teeth were noticed, especially gingival cavities hidden by the deposits of salivary calculus close to the gum margin.

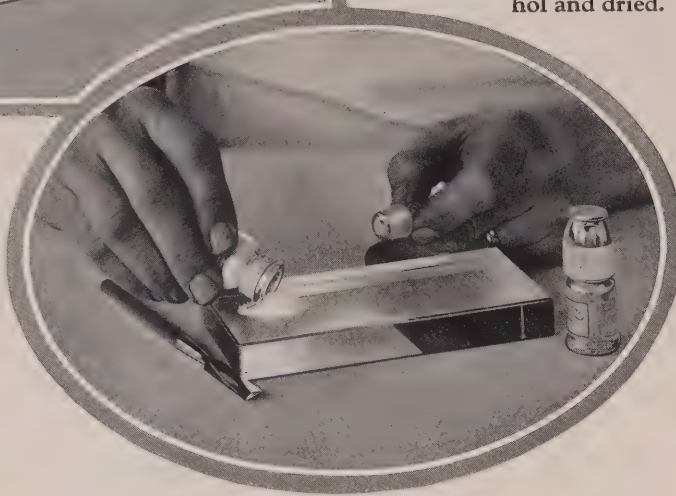
The mouth was then sprayed thoroughly with full strength Mercitan Lotion and the patient dismissed until October 9, 1926, with instructions to brush the teeth with Mer Dentifrice and wash the mouth with diluted Mercitan Lotion three to four times a day.

Samples of saliva were again collected, in the manner pre-

(Continued on page 10)



1. Spatula should be held at right angles to the slab during mixing—end of slab grasped firmly with other hand. The mixing arm and hand move with ease, precision and comfort.



2. Place powder first on slab previously cleansed with alcohol and dried.



3. Place liquid on other replace dropper

PICTURE TECHNIC *of*



6. Add the powder (a



7. Spatula held flat against slab and turned in fingers to free it from the mix.

9. Add another small portion of powder to the mix.



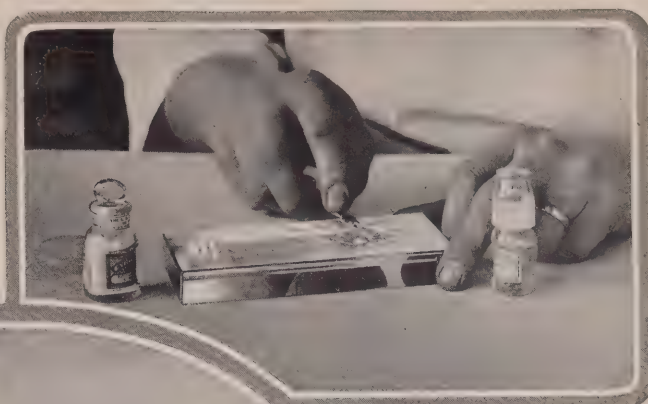
8. Mix is too thin.





of slab. Immediately cap liquid bottle.

4. Divide the powder. Add one-half the amount of powder necessary for the mix to the liquid.



5. Incorporate the powder in the liquid with a rapid circular motion.



nd portion of (ler one) to the x.

de Trey's Synthetic Porcelain

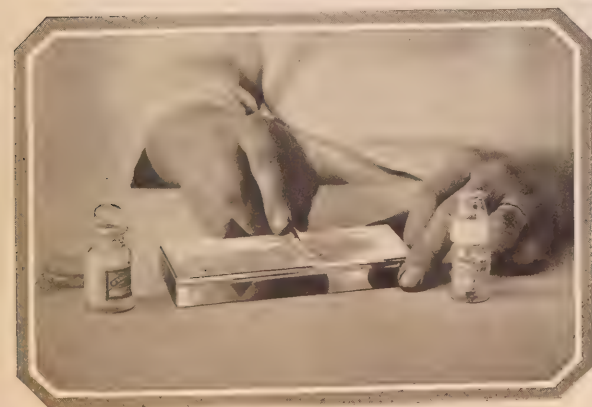
10. Mopping-up just previously to the final strokes of spatulation in order to incorporate all free particles of powder.



11. A final stroke of spatulation showing how the mix curls when it is of the correct consistency.

The mixing time should never exceed a minute and a half.

12. The test for correct consistency. The mix will lift and then break short when the spatula is lifted.



Mercirex Treatment of Acne Vulgaris



Photo 1390-A



Photo 1390-C

back of the neck, back, chest and arms. There were also many lesions covered by dirty brownish scabs scattered over the back. In several places on the back and chest there were distinct scars representing old healed lesions, some showing as small dark pigmented depressions in the skin and others as light colored areas.

Photograph No. 1390-A taken on August 9, 1926 shows something of the character and extent of the lesions on the back and arms.

moving some of the dandruff presented no gross abnormalities.

On the right leg in the anterior and external tibial region there were two very large ir-

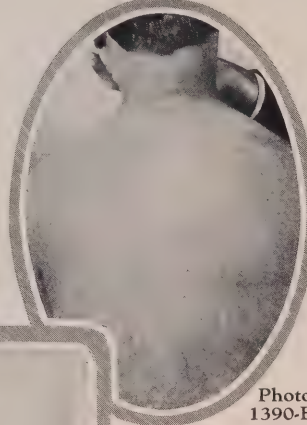


Photo 1390-E



Photo 1390-G

Examination of the scalp revealed the presence of gross deposits of dandruff and a rather dry, lusterless condition of the hair. The scalp after re-

regularly circular areas covered by heavy crusts and scabs beneath which was thick sanious pus together with foul, necrotic, putrid tissue. These lesions were somewhat suggestive of those of ringworm but microscopic examination of scrapings from the periphery of the wounds failed to reveal the presence of either spores or mycelium. Likewise ex-

amination of hairs extracted from the lesions was negative for ringworm.

Smears stained for acid-fast organisms were examined

and no tubercle bacilli found.

A sample of the patient's blood taken at this time was negative to the Wassermann test.

These lesions very likely had their origin in insect bites and were aggravated by scratching with consequent laying open the parts to pyogenic mixed infection. Through lack of early and persistent treatment the lesions became very extensive and at the time of examination at the Clinic they presented a decidedly serious aspect.

Photograph No. 1390-B taken before beginning treatment shows the location and extent of the lesions.

Oral examination revealed a picture of extreme neglect. The breath was very foul and there was evidence of pus formation around practically every tooth, many of which showed extensive caries with completely broken down crowns.

Treatment

August 10, 1926. The hair was clipped short and the scalp and the rest of the body were thoroughly bathed with hot water and Mercirex Soap. During the bathing many of the scabs on the back, chest and arms were removed and those on the leg were detached to such an extent that the surface of the skin bled freely.

After drying with a soft towel the leg lesions were dressed gently with a 5% phenol solution followed by a free application of Mercirex Cream. The Cream was also massaged into the scalp and over a considerable area of the back.

Thirty c.c. of castor oil were given in the evening. No other internal medication was ordered. The diet included three

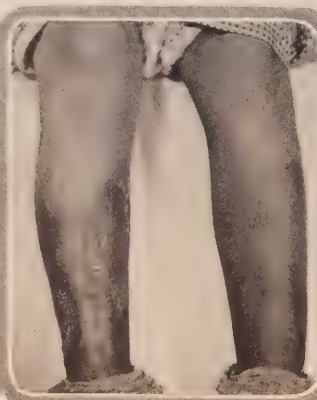
(Continued on page 10)

Photo 1390-B

Photo 1390-D

Photo 1390-F

Photo 1390-H



Be Sure to Cleanse the Hidden Pockets in the Pulp Chambers

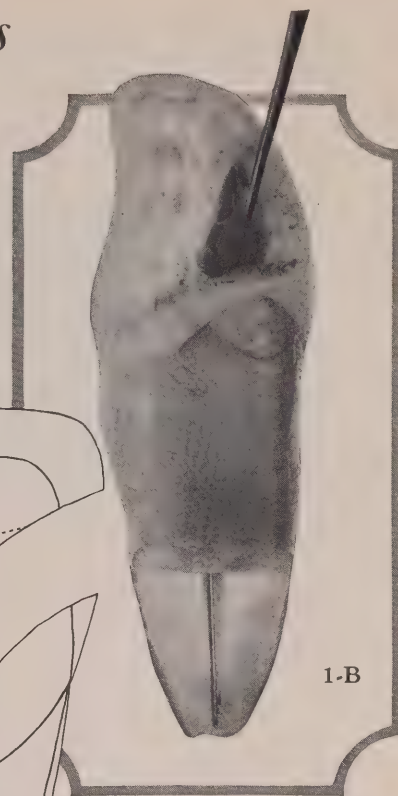
A VERY common fault is illustrated in the accompanying drawings and photographs. Most operators open into the canal by way of the pulp chamber, either from the proximal surface as in A and 1-B or through the lingual pit as in B and 2-B.

They follow the straightest and most direct course, through the floor of the pulp chamber to the pulp canal and do not consider the blind pockets where the "horns" of the pulp extend up into the crown.

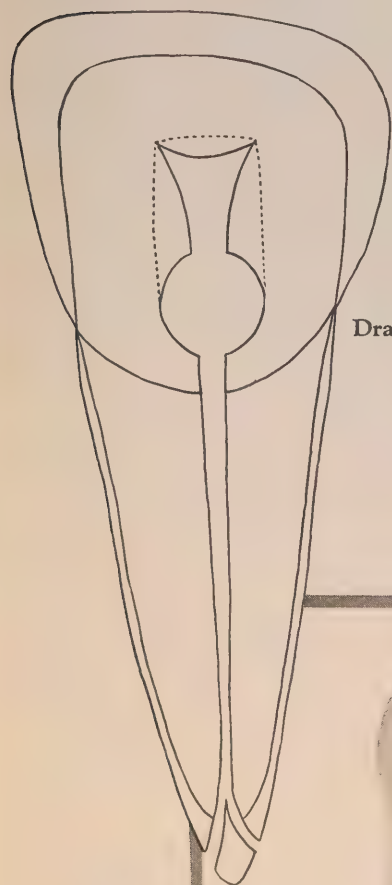
As a result of this direct approach a blind pocket is left in the pulp chamber toward the incisal portion of the tooth. This blind pocket is filled with blood, serum, and putrescent debris. This debris may remain and later combine with Osogen, finally resulting in a discolored tooth.

In the first place, sufficient tooth substance should be removed to allow the operator to clean out this recess. Extend the cavity outline as far as dotted lines. By doing this he is

1B. Decay and sufficient tooth substance removed to allow direct access to the pulp canal

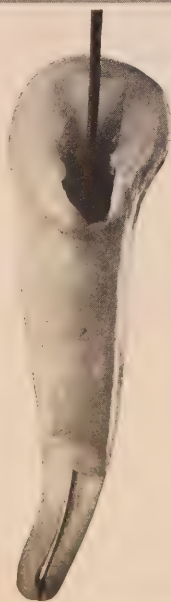


Drawing A



Drawing B

2B. (Below) Sufficient tooth substance removed to allow direct access. The same method applies to the upper central



2-B

which has been smeared on the cavity walls during the process of filling the canal and will also bleach any small portion which has been left in the cavity.

The ammonia water materially aids in clearing any stains from previous treatment.

These points are extremely important when treating anterior teeth and should be carried out for esthetic reasons.

able to get his cleansing instruments and agents to the desired and necessary location. Also it will facilitate cleansing the pulp chamber.

After the pulp canal has been filled, dam it off from the pulp chamber by spreading the gutta-percha point with a warm instrument to close the opening; or separate the canal from the pulp chamber by placing a small plug of temporary stopping at the opening of the canal.

Then wash out the pulp chamber and the cavity with ammonium hydroxide (ammonia water U. S. P.).

Also allow some ammonia water to remain in the cavity for one or two minutes. This will wash out any plastic Osogen

Patients

are prone to forget that the tooth was discolored before it was treated, and they sometimes complain that the treatment has "turned the tooth dark."

A good plan to prevent this misunderstanding and criticism is to record the shade of the tooth before treatment begins and call the patient's attention to the discoloration.





Now, YOU CAN COUNSEL YOUR PATIENT

12-50

**MERCITAN LOTION
OUTFIT**

12 eight-ounce Bottles &
50 two-ounce Bottles
for \$12.50

The Economical Way
to purchase
**MERCITAN
LOTION
(CAULK)**

*About the specific pharmaceutical
preparations to be employed for
the mouth prophylaxis at home*

SMALL wonder it is that dentists at one time resorted to non-committal or evasive statements about mouth washes and tooth-pastes. The reason is perfectly clear.

But it is different now. Mercitan Lotion and Mer Dentifrice have been made by Caulk for dentistry, *first*. Hence, the dental needs have been adequately taken care of in each formula.

It is safe now for you to be emphatically specific in your instructions. Then it is pointed out in the most definite fashion possible how essential mouth hygiene at home really is.

And the prompt improvement argues unmistakably in favor of your wise professional counsel.



MERCITAN Mouth & Throat LOTION



THE INSIDE VIEW of "SILVER FILLINGS"

CANADIAN EDITION

MILFORD NEWS

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NUMBER

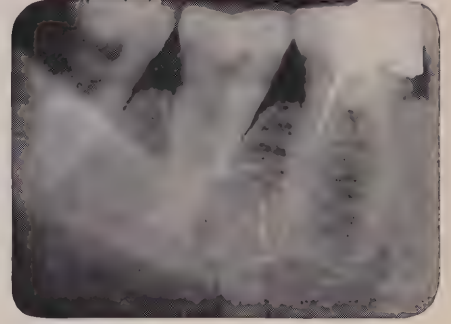
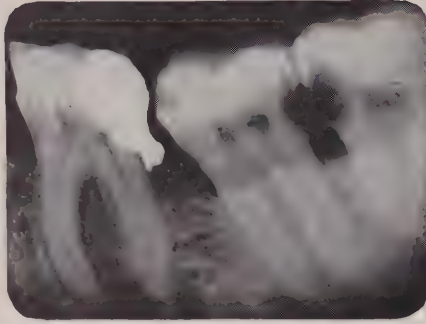
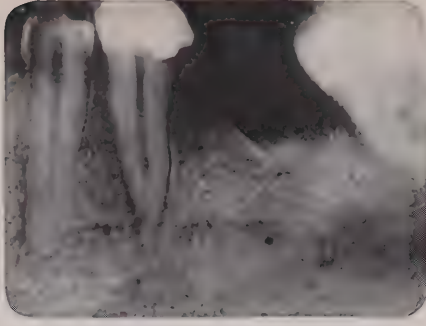
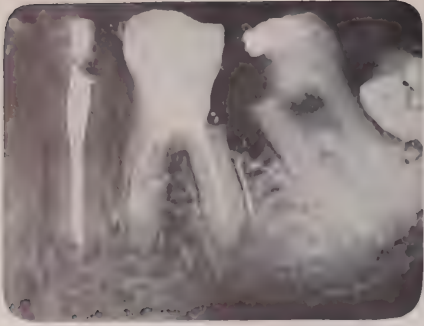
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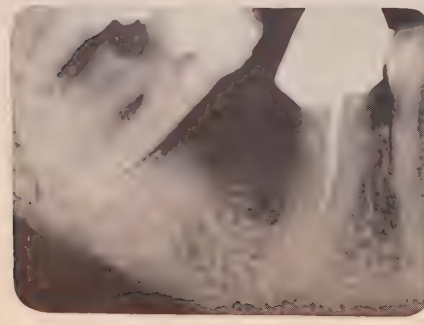
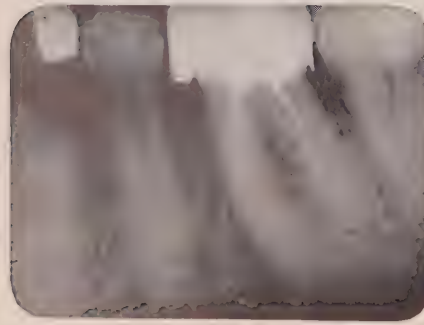
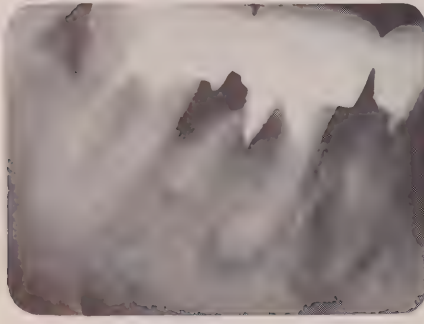
Dental Edition
73,000 Copies

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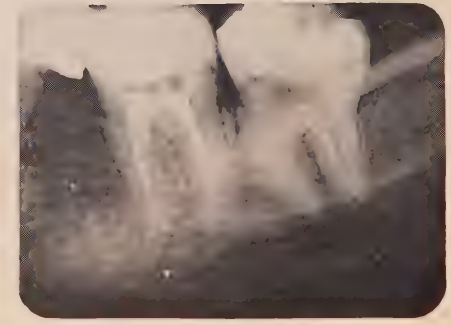
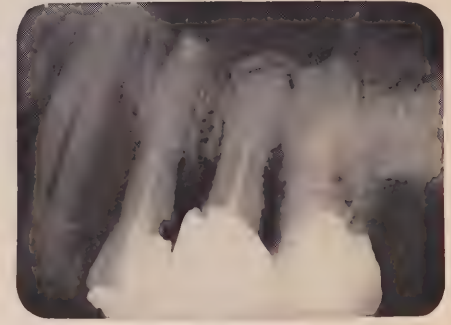
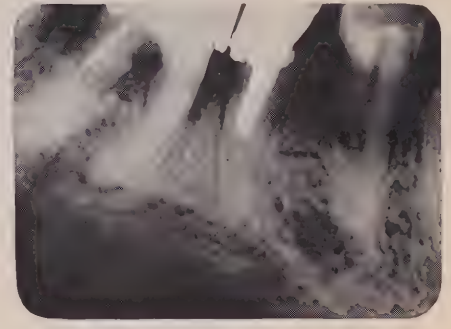
Do Dental Assistants Understand the Distinction Between *Mixing and Stirring*
Caulk in Placing and When You Want Caulk in Placing



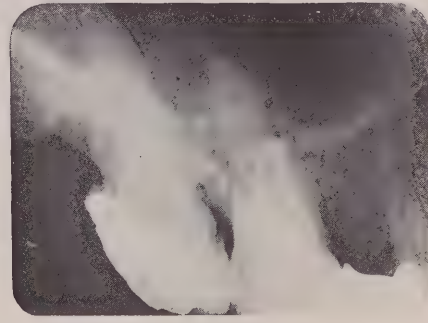
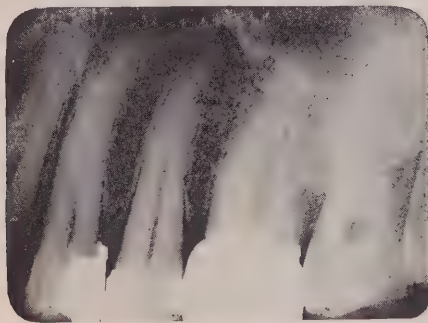
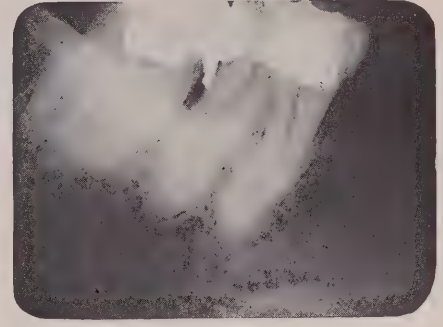
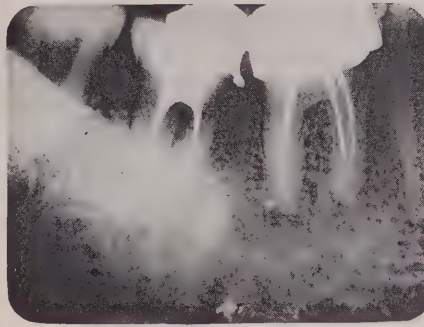
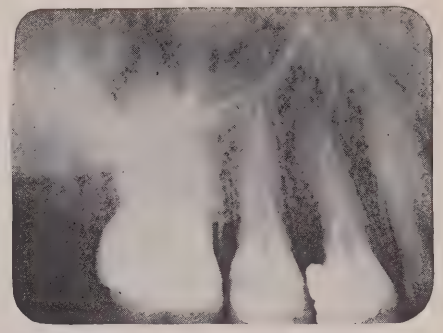
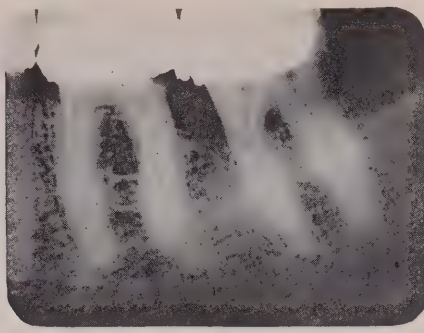
THE INSIDE



"SILVER FILLINGS"



VIEW of



IN previous issues of Milford News we have shown defective amalgam work by picturing the external appearance of fillings. The accompanying radiograms taken in the daily work at the Caulk Clinic give the "inside" story—what the eye does not see and the explorer generally misses.

These films, selected at random, disclose gingival overhangs, lack of contact, defective gingival margins and incomplete fillings.

Do you recall the college clinic demonstrator's inspection of a completed filling? He had an uncanny habit of exploring the gingival margins and the contact points. The fillings pictured here would not pass.

Their every-day presentation in dental offices throughout the land should call for prompt replacement by the modern dentist. It is a service the patient will appreciate.

Neglect not only continues the discomfort from faulty contact points and overhanging fillings but causes a train of evils: irritation, inflammation and infection

which ultimately get the tooth and even the host. Many cases of pyorrhea and even serious diseases caused by streptococcal infection can be traced to fillings like these shown here.

There is ample evidence in this presentation for any interested

and thinking dentist to write a book on the crimes that are committed under the title of restoring lost tooth structure with amalgam.

How much longer must this type of hidden dentistry be tolerated? Just because it is not

plainly visible is no defense.

It is not a question of merely plugging a tooth with amalgam to get by or of placing fillings for art's sake. Obviously there is far more at stake than the completion of the actual filling operation.

The vastly broader and more enlightened purpose which should be held by good amalgam operators is to stop the ravages of further decay in the tooth structure by careful observance of the correct principles of cavity preparation and placement of the amalgam. This procedure will decisively eliminate at the very outset the possibility of consequent complications in the form of infected teeth, pyorrhea, and finally extraction from this particular cause.

There is no question but that dentists can and are actually restoring teeth with amalgam in a manner that is a credit to the dental profession. These operators enjoy a feeling of pride in work well done. And the patients have a sense of security from further damage from infection and loss of teeth.



THIRTY PIECES OF SILVER

This photograph of thirty teeth presents the external appearance of defective amalgam work. Combine this view with the "inside view" as pictured in the accompanying radiograms and the need for a more careful observance of the correct principles of cavity preparation and placement of amalgam will be demonstrated at once.

PURE



SAFE

CAN A TOOTH PASTE PRACTICE DENTISTRY?

IT'S a silly question to put to dentists to be sure. Yet the fact remains that any number of tooth pastes make practically this claim.

This brand cures this dental condition and that one prevents that and another something else. No wonder interested patients are hopelessly confused in their selection of one good dentifrice and turn to you for sound professional advice.

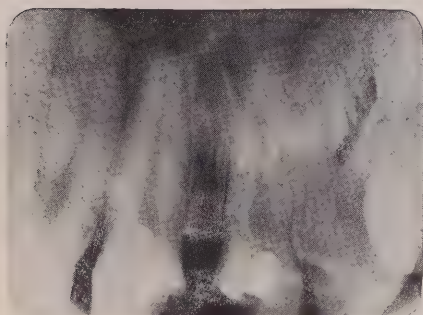
We hold with you that no tooth paste can practice dentistry. It has one and only one function—to clean teeth in a *natural* way.



The folder attached to each tube of MER DENTIFRICE tells the story of mouth cleanliness in a decidedly sensible way. The suggestion is that you insist upon your patients reading this circular to relieve you of lengthy instructions on correct oral hygiene.

Of course, this *natural* way precludes destructive abrasive action on tooth enamel, irritation to the mouth tissues and the harmful reaction of chemical extremes.

Then consider, please, the properties of MER DENTIFRICE. You will find that they are all compatible with your professional requirements for a safe dentifrice, and the longer you use it personally the better convinced you are bound to be that MER DENTIFRICE may be confidently recommended—even prescribed—to your patients.



And Then He Tried Osogen

"I AM enclosing four X-rays," writes a Pennsylvania dentist, "and to anticipate any adverse comment on them I may say that I did not take the pictures here. They were taken by a medical X-ray man who comes here two days each week. Such as they are they will do for our purpose which is to show the treatment of the two centrals under Osogen."

"This was the worst case I had ever tried to treat inasmuch as I found it impossible to stop the flow of pus down the roots after I had opened them up. I had numerous dressings in them and as soon as I would open up and try to dry the canal the pus would begin to flow."

"I finally got tired of it and dried them as well as I could, had my assistant mix me some Osogen and packed the canals full, putting a blunt end canal point up as far as I wanted it to go. I waited about a month and then as there had been no reaction, put Davis crowns on the teeth."

"Had the patient in yesterday and had him X-rayed to check up on the job."

"This patient is an epileptic who from time to time has had bad falls, and bumps his teeth and face. I think this was the reason that the teeth died originally, and we are lucky that he has not happened to fall and break off the crowns. He has an average

of twenty epileptic seizures per month.

"If you care to use the films in any way please do. I feel that this is a victory for Osogen and

will be glad to know that the films have been of use to you. I have copies so you need not return them to me for my permanent records."

When You Rise to Speak in Public

WHAT to say about dentistry in public when called upon for a speech is generally a big bug-a-boo for dentists.

Talking about the technical side of the subject is never interesting to laymen. And a drab outline of the history of dentistry is less so.

But how far can one proceed with a discourse on the need for a better kind of dentistry and more of it without arousing suspicions in the minds of the audience of unethical tactics?

Yet you must deal with definite, concrete facts and not in humdrum generalities if your discourse is to be both interesting and instructive.

Of course if you had ample time to give a great deal of thought to the preparation of a speech then you would probably never be at a loss for themes. But where is there a practicing dentist whose thoughts are considered by others worthy of utterance who has the leisure for preparing speeches?

It is because of this situation that *Milford News* proposes to publish from time to time papers from a series issued by the Public Service Committee of the Chicago Dental Society. The series includes prepared talks that may be delivered to various groups—Service Clubs, Parent-Teacher Associations, Public School Assemblies, et cetera.

The one reprinted herewith is called Health Education and may be delivered to Rotary, Kiwanis, Lions and Exchange Clubs. Will the publication of this series offer a worth-while service to you? The Editor of *Milford News* will be pleased to have your opinion.

IT is a privilege and a pleasure to appear before your organization. Men and organizations differ very materially in many respects. Many men drift aimlessly, plod from one job to another, live from one day to the next; while organizations have a definite purpose in life. They stand for progress, for civic betterment, for humanitarian service, and such organizations as yours are especially interested in child welfare.

Men are particularly interested in boys. It may be the pride of a father in his son, or it may be an interest stirred by such activities as the Boy Scouts, the De Molay movement, or Father and Son church meetings; no matter what the stimulus is men are interested in boys. I shall hope before closing to convince you that your girls as well as your boys are deserving of consideration, even more consideration, in fact.

Being interested in child welfare, you are naturally interested in health, for you provide school lunches, plan for and equip playgrounds, and care for the sick. But what are you doing to keep

your children well or prevent them from becoming ill by discovering remediable defects and correcting them?

Health education presents the opportunity. Health education is gradually being recognized as one of the important parts of any public school program, and an active and continuous study is being made of its several phases.

In classifying the various factors in health education, the most important are:

1. Sanitation of the school plant.
2. Physical education.
3. Health training, or personal hygiene.
4. School health supervision, which involves all of the foregoing and such other factors as the health and training of teachers, the arrangement of a health program, and the financial aspects of the problem.

Of these four factors, two are well advanced; namely, the sanitation of school buildings and physical education. School laws generally provide that all buildings must be kept in good condition. The laws are more exacting about the care of buildings than

about the care of children.

Physical education is also well provided for in our public schools, because exercise is recognized as beneficial. This is a play method of keeping healthy. Children always enjoy the games, folk dances and athletic contests that constitute a part of the physical education program, and in direct ratio to the physical condition do they profit by or suffer from their participation in these activities.

For example, children with certain types of heart conditions should not be permitted to engage in strenuous physical exercise. This illustrates the necessity for health supervision.

The phase of health education I wish to present today deals with personal hygiene, especially dental hygiene, and it is purely an educational problem.

For the present the best method of introducing the teaching of personal hygiene seems to be in the school program. You may say that such instruction properly belongs in the home and should begin earlier in life than the school age. With this I will agree, but it is extremely difficult to get into the home, because most people feel that when the physician, dentist or nurse calls without being sent for, it is an intrusion on their privacy or personal affairs. About the only time health workers are really welcome is when illness has reached an alarming stage.

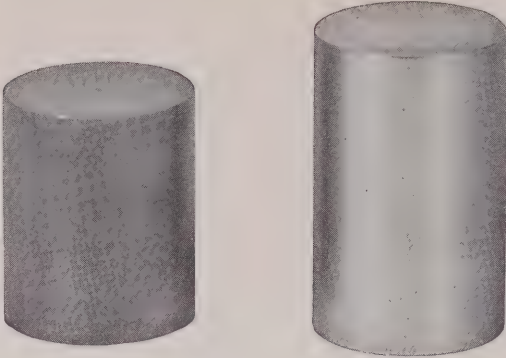
The easiest way to carry a message into the home nowadays is by radio, for nearly every one is interested in it. Especially is this true in the remote rural districts, where they depend greatly on air messages for entertainment and information.

The easiest way to be dismissed from a home is also by radio, for simply by turning the button the story is shunted off into the infinite and neither speaker nor listener is perturbed by the act.

Physicians and dentists are interested in health education for two reasons: because it is their business and they understand it, and because without good health there is no happiness.

The dentist's service is confined to that small but important part of the human body, the oral cavity or the mouth and teeth. The oral cavity is important because of its function, its influence on speech and its esthetic value.

The mouth is the portal of entry through which all food and drink must pass to nourish the body and keep it in good condi-



Greater Bulk by 22.5 Per Cent

THESE amalgam cylinders tell a story of economic interest to all practicing dentists.

The two cylinders were made under identical working conditions—precisely the same quantities of alloy and mercury; the same trituration period; the same packing strength; in fact the only variation was in the makes of alloy used.

And yet the cylinder at the right has 22.5% greater bulk than the cylinder at the left.

The reason for this variation in size is that the alloy used in making the larger cylinder was Twentieth Century. Another fairly popular alloy was used in making the cylinder at the left.

Consequently, not only is T. C. Amalgam thoroughly dependable in every way but it is the most economical to use because of its considerably greater bulk.

tion, and in proportion to the healthful condition of the mouth and teeth is a person able to render the service expected of him.

If all the food in the world were put in one place and if there were no men or animals to eat it, it would be valueless.

I believe you will agree with me that men and food are perhaps the most important things in the world. The conversion of all the food-energy in the world into man-power is in part the function of the thirty-two or fewer number of teeth. The results of this conversion process depends primarily on sound teeth. The mouth cavity is the only part of the alimentary canal that is under voluntary control.

Dr. Charles H. Mayo, of Rochester, Minn., has said that 80 per cent of all children's diseases arise in mouth, nose or throat, and that 90 per cent of all deaths occur as a result of dis-

eases that arise in this area or of the development in other parts of the body of diseases that have their origin in the nasal or oral cavities. These figures are startling. Since most dental disorders are preventable, those who are interested in good health are urged to carry this health education message on.

I dare say that every man in this room who has children or grandchildren would rather see them strong and healthy at 10 years of age, with ordinary scholastic standing, than see them puny, anemic, weaklings, unable to play or find enjoyment in life, and yet mental prodigies.

The time has passed in America when the mental development of the child in the public school constitutes the whole of his education, while his physical welfare is neglected.

Two factors—diet and personal hygiene—are involved. Diet

is far more important in early life, because sound teeth and a strong, healthy body are dependent primarily upon the nutrient elements that are taken into the body.

Herein lies the importance of the physical welfare of girls. Just as your mothers gave you life through their bodies, so will your daughters who are to be the mothers of tomorrow give life to succeeding generations. They should know that the kind of food that furnishes the mineral elements to build sound teeth and good bone should be eaten during the period of pregnancy and later during the breast feeding period, because the child has no other source of food supply.

Children with rickets usually have defective teeth. Both conditions are attributed to a lack of mineral elements or to a faulty assimilation of them if they are available during the prenatal and immediate postnatal periods.

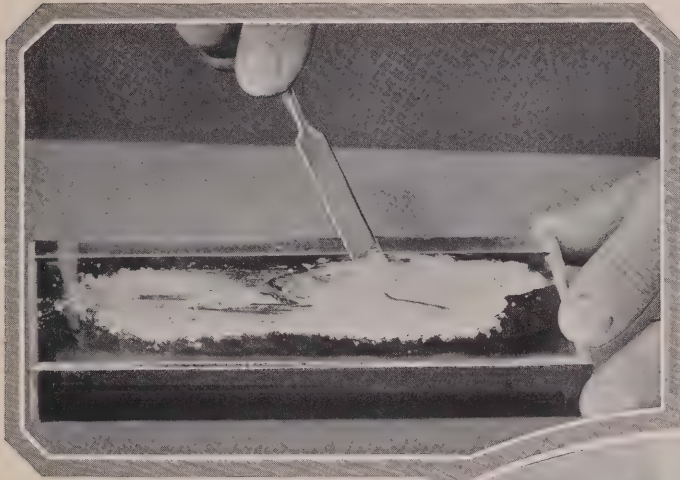
Teeth that are defective at birth (all the baby teeth and the four first permanent molars are partially developed at birth) are likely to remain defective throughout life; whereas teeth that are sound at birth and well cared for throughout the first twenty years of life last as long as life does and should give good service.

It is your bounden duty, as it is the dentists', to inform your wives and your daughters of the importance of diet during these periods.

Any pregnant woman, with a number of decayed and abscessed teeth, harbors all forms of infectious bacteria; these easily find their way into her blood stream and thence into the blood stream and tissues of the child in utero and endanger its health. Low grade infections may and unquestionably do lower the mother's vitality and decrease her resistance to serious infectious diseases by sending poisons throughout her entire system by way of the blood stream or intestinal tract.

Dental service, preventive in its nature, can be practiced upon women during this period without suffering or harm to them, except under most unusual conditions. The old adage, "a tooth for a child," is unknown to the younger generation today. I shall not take your time to discuss the food elements that are necessary for the pregnant mother or growing child, because enough reliable

(Continued on page 8)



Stirring is Not Mixing

THERE is quite a distinction between the two terms. In fact two separate processes are indicated. One has to do with the complete incorporation of powder with liquid, whereas the other suggests a more or less haphazard combination of some powder with some liquid.

And, there is a vast difference between these two processes. Therefore when the dental assistant appreciates this difference and strives to become more skilful or expert in including all of the several factors of correct spatulation in the mixing operation then she becomes of invaluable assistance to the operator.

The writing of this article is prompted by the publication recently of rather vague and inaccurate instructions on this particular subject by a dental assistant. In fact she uses the title, "The Mixing of Synthetic Porcelain" and naturally we feel at perfect liberty to present our version of this very important part of every dental assistant's work.

Reprinted herewith are the instructions to which we refer:

"The mixing of Synthetic Porcelain is of great importance, for it has been demonstrated that its stability and appearance is governed very largely by proper mixing. A drop of the liquid is placed on the scrupulously clean glass slab, and a mass of powder, in great apparent excess of that required is heaped at a distance from it. A portion of the powder is drawn into the liquid by means of a bone or agate spatula and stirred with a rotary motion until a thin paste is made; powder is

gradually added until the mix is as thick as putty."

The outstanding errors and omissions in this technique are: first, the small quantity of liquid (one drop) placed on slab; second, failure to point out the areas on the slab to be occupied by the powder and liquid; third, placing liquid on slab before powder; fourth, heaping the powder instead of dividing it into equal portions; fifth, recommending a bone spatula; sixth, *stirring* as contrasted with *mixing*; seventh,

"as thick as putty" is not an accurate test for the consistency; and eighth, failure to mention the all-important factor of time of mixing.

It is just as easy for the interested assistant to learn the true fundamentals of mixing and adopt them in her technique as it is to do otherwise. And naturally the more faithful she is in adhering to these fundamental principles the greater will be her value to the dentist.

One drop of Synthetic Porcelain liquid is not sufficient. We recommend that at least three drops be placed on the left, center, of the glass slab. Another important point is to replace immediately the ground glass cap upon the liquid bottle to prevent evaporation. A quarter turn will securely seat the cap.

The powder should be placed upon the right, center, of the slab first; that is, before the liquid. Under no circumstances should the liquid be left exposed in the air longer than is necessary. The quantity of powder placed should be about a half teaspoonful.

Divide the powder into approximately four equal portions. It is much easier then to add each portion to the mix when needed.

(Continued on page 10)



The first finger holds the spatula steady and applies the pressure



The spatula is controlled and rolled by the middle finger and thumb



When You Rise to Speak in Public

(Continued from page 6)

data are available everywhere to cover your requests for information if you desire it.

The shape and position of the teeth influence speech to a marked degree, and as fluent speech and correct enunciation are important in all business and social activity it naturally follows that sound, well-formed teeth are a business and social asset.

The esthetic value of the teeth is likewise important, for, next to the eyes, the teeth are the most beautiful part of the face, if they are clean, regular and well cared for.

Most people estimate beauty in terms of exterior appearances. The beauty of the face is due not to the skin and underlying muscles but to the bones of the face and the jaws and teeth, the form of which gives a foundation and symmetry to the face and head and determines the beauty or strength of the countenance. Persons are judged principally by their faces. It does not matter whether they are tall or short, fat or lean; if they have fine features, one usually forms a good opinion of them.

The hygienic care of the mouth is not an arduous task. It merely requires careful daily attention, with a periodic visit to the dentist as a good form of health insurance.

Pride should inspire you to take good care of your teeth, because they are so important. If daughter's party dress or father's vest has a grease spot on it, a terrible commotion follows. How about dirty teeth? Few of you would care to be seen promenading on the main street with a hole in your trousers or your socks. How about glaring holes in your teeth?

Boys and girls may win or lose the chance to be successful in life, or even to marry, because of the appearance and condition of their mouths and teeth.

The problem of personal hygiene is a part of the dentists' daily preaching and of your daily practice. Dentists believe in it and practice it, too. It is just as essential to cleanse the mouth and teeth thoroughly and regularly as it is to shave or bathe or wash your hands; even more so, because of the health hazards that

constantly lurk in an uncared for mouth. Four brushings a day, the fourth one before retiring, is the best dental insurance you can buy.

All of this may not interest you or you may have heard the story so often that you are tired of it. Before closing, however, I should like to take a crack at your pocket-book, for nothing brings a quicker reaction from a business man than wasteful expenditures or preventable leaks in his treasury.

Sir David Bruce, president of the British Association for the Advancement of Science, said last year that the annual loss in industry in the United States due to illness was \$3,000,000, most of which was preventable. The following figures may interest you. The cost of educating a child in the primary and grammar grades in our public schools ranges from \$25 to \$40 a year, and in our high schools it costs about \$225 a child a year.

Every time that a child is retarded and has to repeat a year, it costs the community or the state just that sum to carry the repeater through the classes in which he has failed. The general average of retardations in most of the schools of the United States is about 40 per cent, which means that almost 40 per cent of the

cost of public education is expended in carrying retarded pupils through grades that they should have passed the first time.

It is generally conceded that most retardations are due to sickness and that most sickness is of dental origin. If this is true and if Dr. Mayo's statements are exact, then the problem of dental care for prevention is important.

Will C. Wood, superintendent of public instruction in California, says it cost the state \$4,990,000 to re-educate the 60,000 repeaters in the elementary schools in 1924.

Frank Webster, the superintendent of schools in Minneapolis, reports that it cost that city \$545,000 in 1924 to re-educate its retarded pupils, even though they have the very low average of only 14 per cent of retardations annually.

In the state of Georgia, in 1923, there were 258,000 children in the first grade and 128,000 in the second grade, which is mute evidence that it takes two years for at least half the children to do one year's school work.

(Local statistics are more desirable.)

Take another aspect of the case: In one school in Atlanta, Ga., 32 per cent of the children failed to pass their respective grades. During the following year a dental health program was introduced. In the final test at the close of last year, only 8 per cent failed to pass their grades and the weight and height of the pupils had markedly increased.

Before they introduced this system of health education, with personal hygiene and the correction of remediable defects in the schools of Atlanta, the average attendance in all schools was 83 per cent. Now the average attendance is 96.7 per cent. A noticeable improvement in health and morality is another consequence.

When the dental health program was introduced in one rural county in West Virginia seven years ago, scholastic standards were low. Since that time every child in the county has successfully passed the grades and a great many have jumped grades.

Many of you business men would check up conditions pretty quickly if 40 per cent of your products had to be re-made or the same amount of service done over each year. Have you not through your mercantile and industrial associations and our Chamber of Commerce made rather intensive studies of lowering your operating costs and improving your plant efficiency. Why not do the same thing with the money that you are investing in the education of your children? You are paying the bill. Why not join a Chamber of Education or a Chamber of Health as well as a Chamber of Commerce and help to bring about a condition that is more desirable than anything we can possess; namely, good health.

We make laws and spend money for the preservation of whale and lobsters in the sea, and birds and game on the land. We safeguard our forests, our orchards and our live stock by fire protection and quarantine regulations, which are rigidly enforced.

Owners of race horses have their horses' teeth examined every week by a veterinarian, and especially before a race, since a bad tooth may put them out of commission.

Are we as considerate of our children?

The purpose of education is to create a strong race. This cannot be achieved unless health education becomes an essential part of our school program.

My plan to you is to support every sound policy that means better health for your children. Give every child a fair chance to become a useful and efficient citizen through good health and do not permit him to become a public charge through ignorance or neglect.

Justice, not charity, is all that is asked for the children.

The Spot That Would Not Out

"I HAVE had a spot of psoriasis on my left elbow," writes a dentist practicing in Ohio, "that would not yield to all known medicaments for the past 35 years. Two samples of Mercirex that you sent to me have accomplished the miracle (a cure) and I thank you from my heart 'up' for those samples. They accomplished the seemingly impossible.

"I suppose I have spent \$500 with skin and other specialists trying to eliminate that 'damned spot that would not out' but

Mercirex put a quietus on it and it is just up to me to sing its praises—wherefore I sing.

"My patients, many of them, noticed that spot, and I was abashed at times explaining, for most people do not or refuse to understand and attribute such conditions to other causes. I am sure there will be no more questions for the spot which gave rise to enquiries has vanished, therefore no more explanations.

"Again I thank you kindly."



The economical way to purchase REPELAC is in the Combination Package. It contains two bottles of REPELAC and one bottle of SOLVENT. The price is \$1.50 per package.

QUIZ any group of dentists about pulp death and the reply from the majority will invariably be that it is preventable by suitable sterilization of the dentin and effective lining of all cavities under all filling materials without exception.

Unfortunately, though, the chances are that these practicing dentists who are so emphatic in this verdict are not specific in stating the qualities that they de-

sire the lining varnish to have.

Obviously, the effectiveness of the protection depends directly upon the properties of the protecting medium. And naturally it must be tough, non-contracting, impervious, acid-proof and chemically neutral.

But what of resin, balsam, and other gums, dissolved in ether, alcohol, or chloroform? They cannot properly meet the requirements. They are sluggish



Protection

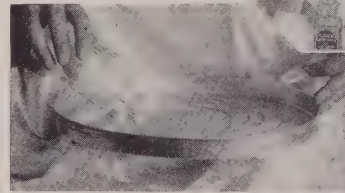
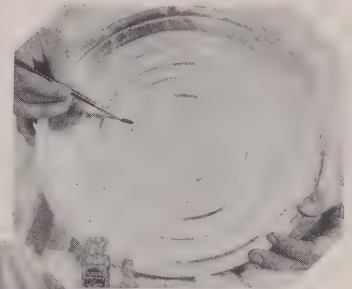
The savage and rapid attack of nitric acid on organic substances is well known. Almost on the moment of contact it will destroy cloth, metal or flesh. A saturated solution of silver nitrate and concentrated nitric acid both endured for three minutes on the bare arm produced these severe burns. (Photographed three days later.) Under identical applications made at the same time, the film of Repelac provided a perfect protection for the skin and prevented even the slightest irritation.

The Kind of Pulp Protection that REPELAC Provides

"Unfailing prevention of pulp-death is only a matter of simple operative precaution."

REPELAC Protects Against Acids

Letters were painted with Repelac on clean tin plate. Before the acid was poured on, the Repelac was allowed to dry as it does in the mouth.



Tin plate was then flooded one hour with strong hydrochloric acid.

Surface of tin plate was completely etched by erosive action of hydrochloric acid, except where protected by Repelac.

dryers, brittle when dry and not entirely impervious.

Applying them as a lining material indicates, to be sure, the desire for complete pulp protection, but it can be only an empty gesture since the materials lack the essential qualities.

The tests illustrated on this page tell a most convincing story about Repelac. The tactics employed in this series to demon-

strate its effectiveness are far more stringent than any similar conditions it may be called upon to withstand as cavity lining in the mouth.

Yet you are assured from these tests of an immeasurably wide margin of safety.

Consequently, is it worth while to gamble with other materials when such a hazardous result is at stake?

Demonstrating the Toughness of REPELAC

Repelac was poured on a glass mixing slab and allowed to dry. Then one edge was lifted with a knife and the film was peeled off in one piece. Repelac is virtually liquid cellulose—the same kind of stuff that automobile bodies are now painted with.



Pulps protected

by a film of this material are safe against transmission of acids, drugs, and bacteria.

Do Dental Assistants Understand the Distinction Between Mixing and Stirring Synthetic Porcelain

(Continued from page 7)

Draw about one-half the amount of powder necessary for the mix into the liquid, and then with a rapid circular motion commence spatulation.

The term stirring conveys the impression of holding the spatula above and at an angle to the surface of the slab with only the end in contact with the mix. It would be impossible to incorporate the powder and liquid together in this way. The blade of the spatula must be flat against the slab.

The accurate test for the proper consistency of the mix is to lift the spatula away from the slab and observe if the mix strings out or breaks short. If it strings out then the mix is too thin, and just a bit more powder must be added.

On the other hand when it breaks short leaving a ragged surface upon the mix then the proper consistency has been reached.

A bone spatula should never be used in mixing Synthetic Porcelain. It wears away quite rapidly and consequently will contaminate the mix. Besides the bone spatula is porous and takes up some of the mix. Then the next time it is used the dried portion

of the mix previously taken up is incorporated in the new mix and greater contamination results.

Genuine Stellite spatulas are the only metal spatulas which do not discolor Synthetic Porcelain, since the powder cannot cut into the hard Stellite surface.

The time of mixing is vitally important. Under no circumstance should more than a minute and a half be taken for spatulation. A better mix can be obtained in a minute and a quarter, since over-spatulation causes slow-setting, resulting in a weak disintegrating filling. We would be pleased to mail to any dental assistant a substantial card upon which are printed twelve photographs, illustrating the successive steps in the mixing technique. This card will be of particular value to the new assistant. It will also serve as a useful reference for those who may already be acquainted with some of the fundamentals of the mixing technique which we have been so careful to present in an accurate way. Just say: Send me the Synthetic Porcelain technique card, illustrated.

Will It Ever Come To This

THIS cartoon appeared recently in *Life*. It presents what would probably be a most



popular slot-machine. The hitch is, though, to get some enterprising capitalist sufficiently convinced of its practicality.

The suggested technique is quite easy to master. All one need do is stick a dime, quarter or what have you in the slot and your head in the port-hole. Then you are served with a thorough brushing of your teeth and one rinsing with some mouth lotion.

The whole procedure takes but a minute or less. And according to the apparently satisfied customer just leaving, you are bound to be pleased with the result.



If You But Knew All the Facts About Silicates

IF you were to actually observe and become intimately acquainted with all the conditions having to do with the manufacture of translucent filling materials, what a radically different conception about "silicates" would be promptly brought home to you.

Now you may honestly feel that all so-called silicates are alike. The only difference may appear to be in the name.

But, such a conception is far from the truth. In fact, there may be just as much difference between the properties of any two competing materials as there is between day and night.

The principal reason lies in the vastly different methods of manufacture employed.

As one instance of positive proof of this fact compare shade one (white) of the Synthetic Porcelain shade guide with the corresponding shade of any other filling material.

Do you notice the pure white shade of Synthetic Porcelain? Then mark the decided contrast with the grayish white shade of the other material which you have selected for comparison.

The cause for this contrast goes back to the purity of the individual ingredients making up each product. And since white is the basis for the remaining shades, exactly the same contrast runs through the complete range.

There is no substitute for purity in a translucent filling material. And you may be sure that by all possible tests Synthetic Porcelain stands unrivaled in this quality as in all others.

Avoid discolored restorations by specifying Synthetic Porcelain.

You Control the Setting of Twentieth Century Amalgam through Correct Manipulation



(A) Load first portion of amalgam into Amalgam Carrier and place in cavity

THE setting of Twentieth Century Alloy (amalgam) may be controlled by a simple method of manipulation. Expressing the excess mercury hastens the setting; leaving it in the mix retards setting. Therefore, when the mix has been completed do not express mercury from the mass.

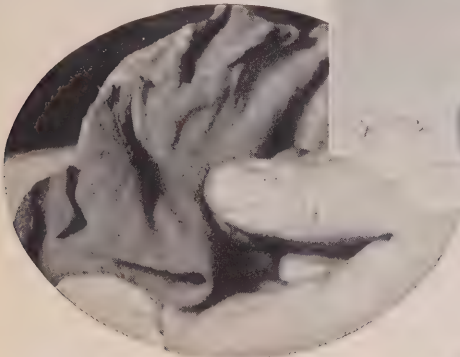
Instead, take small portions as required and express the mercury from each portion just before

until it again becomes plastic.

The setting time of the amalgam does not depend upon the quantity of mercury used in amalgamating, but upon the quantity that is squeezed out.



(B) A Caulk Stellite Amalgam Instrument stepping the amalgam immediately after placing in cavity



(D) Express the mercury using finger pressure



(C) After the first portion has been placed more mercury should be expressed from the second portion. Place this portion to be used on chamois skin



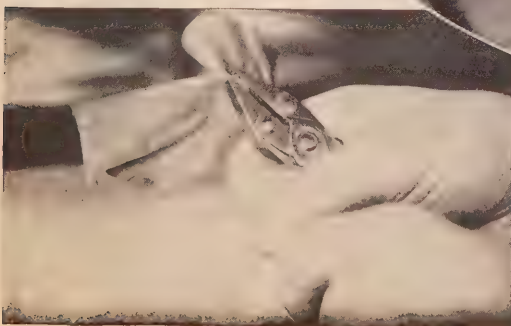
(E) The chamois pulled back to show the expressed mercury. By a flicking motion the chamois is freed of mercury

packing it into the cavity. As the pressure of packing brings mercury to the surface wipe it away.

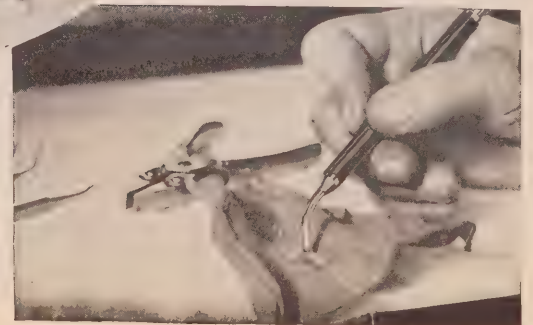
By this method setting can be kept under control for quite a long time. Even after the amalgam begins to set it will do no harm to add a trace of mercury and knead the mass



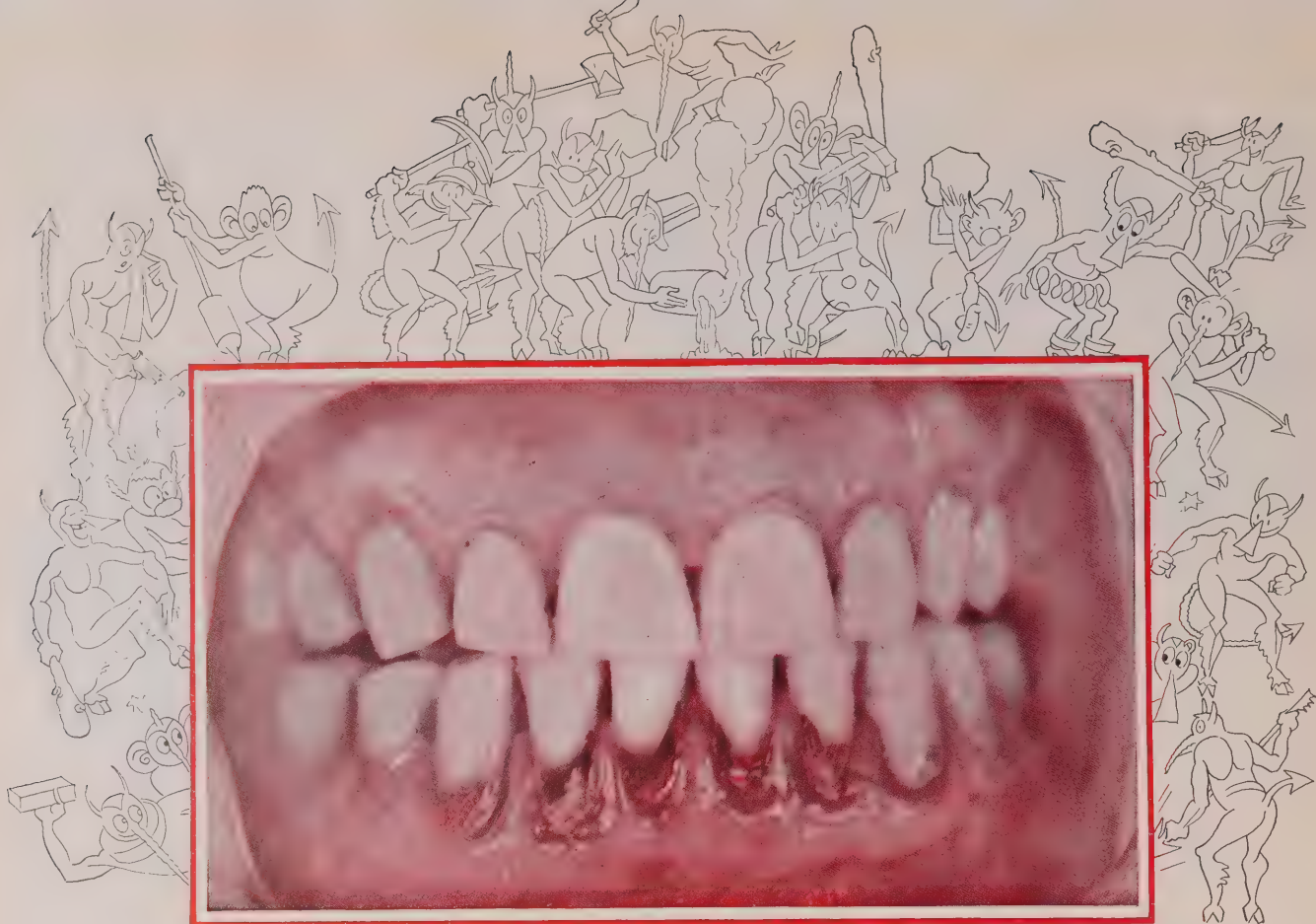
(F) Load carrier again with amalgam from which mercury has been expressed by finger pressure



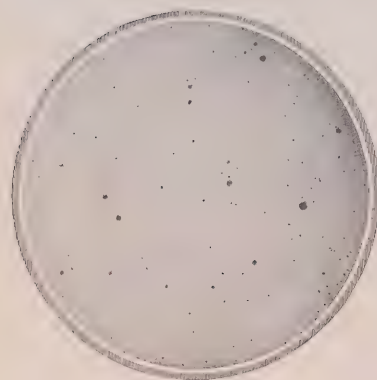
(H) Load Carrier with the final dry portion of amalgam preparatory to finishing the last step in filling



(G) The last portion of amalgam placed should be quite dry. The mercury is expressed through chamois by using parallel pliers



Illustrating, THE RIGHT OF MERCITAN LOTION TO BE TERMED GERMICIDAL



The object of this test is to determine if Mercitan Lotion used as a mouth wash will appreciably lower the bacteria in such a filthy mouth.

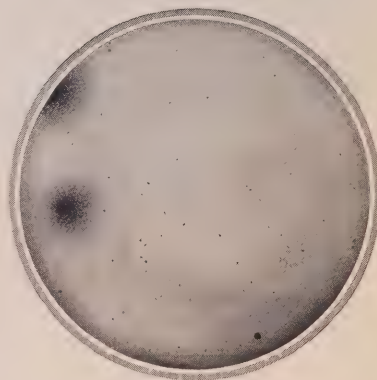
Before any dental work was done, the patient was given some sterile soft paraffin, chewing it for five minutes and spitting out the saliva into a sterile Petri dish. In each microscopic field there were enormous numbers of micro-organisms, the coccus forms predominating.



Microbes Marching on to War

Bacteriological tests are always more or less drab presentations of prosaic facts. The cartoonist has tried to bring this particular test to life.

Patients are quick to notice the sparkle, the fragrance and the smacking good taste of Mercitan Lotion. These decidedly pleasant properties naturally give it a popular preference above "drug store mouth washes." ¶ But it remains for the bacteriologist to prove the effectiveness of Mercitan Lotion in a technical way. What action does it have upon the millions of bacteria in the pyorrhea mouth? ¶ Is this action positive and prompt? Can it be measured in specific figures? ¶ The test illustrated herewith proves in an unmistakable manner that the actual results in a pyorrhea mouth can be decisively checked. ¶ Mercitan Lotion combines positive germicidal and antiseptic action with desirable astringency, refreshing taste and fragrant odor. Yet it is notably free from the slightest irritation to the mucous membrane of the mouth. ¶ Consequently, it makes the hygienic care of the mouth and gums a pleasant thing to do.



Then 25 c.c. of diluted Mercitan Lotion (1 to 3) were used to rinse the mouth for precisely one minute. This was followed by three ordinary rinsings with plain tap water to wash out the Mercitan Lotion. Soft sterile paraffin was again chewed for five minutes and the saliva collected.

Microscopic examination of smears of the saliva revealed the presence of the same types of organisms but in greatly reduced numbers.

Another test shows that there was an actual 89.1 per cent reduction of bacteria after rinsing the mouth with diluted Mercitan Lotion 1:3.



Microbes Knocked Out—Not Merely Gassed

This type of presentation may be of interest to pyorrhea patients who have but scant knowledge of the cause and effect of micro-organisms in the mouth.

CANADIAN EDITION

MILFORD NEWS

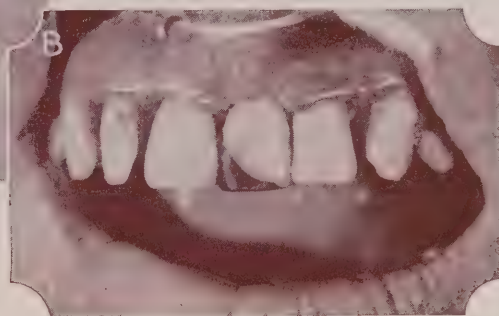
Dental Edition
73,000 Copies

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A large cavity involving the incisal angle of an upper left central

SYNTHETIC
PORCELAIN and
GOLD in Combination



The Inlay Wax in Place

This also illustrates the unsightly amount of gold that would be exposed if the angle were restored with gold only



Labial cavity and window cut in the wax



Wax model removed, ready for investment



The gold inlay polished and cemented to place. Retention has been made in the labial cavity



Labial Cavity Filled with Synthetic Porcelain

For the purpose of clear illustration, the gold at the incisal edge has been distinguished from the Synthetic Porcelain by a definite line. In the actual restoration the joint is perfect and the thin margin of brightly polished gold is quite inconspicuous

Mercirex Treatment of Psoriasis If the Dental Assistant Misses a Trick

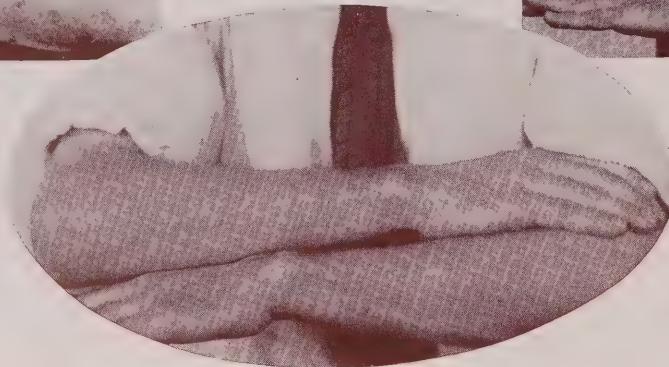
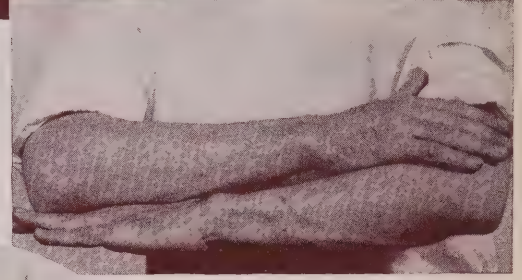


(Below) This photo taken March 31 shows extent of improvement in three weeks

(Below) This photo taken on August 13 shows most of the old lesions healed



(Above) This photo taken on March 10, 1926, shows the lesions on the arms. The photo in lower left corner shows the same condition on legs



This photo taken November 9 shows the patient in practically normal condition

Mercirex Treatment of Psoriasis

THE patient, a printer, age 33, weight 132 pounds, height 5 feet 7½ inches, married, presented for treatment March 10, 1926. He had been troubled with psoriasis for twelve years, the past year more severely. He had been under treatment by physicians and a skin specialist at various times when local and general medication was employed, including intravenous administration of arsenicals. The condition became gradually worse.

A photograph taken March 10, 1926, shows the lesions on the arms and legs. A few scattered lesions occurred on the body.

After cleansing superficially with 70 per cent alcohol, some of the scabs were plated on agar. Many colonies of *Staphylococcus aureus* developed. Scrapings from the affected skin were treated with 10 per cent potassium hydroxide solution and examined microscopically. No parasites were found.

Patient began local treatment with Mercirex Soap and Cream on evening of March 10, 1926.

All internal medication was stopped except a weekly dose of castor oil.

The dietary habits of the patient required correction. One quart of milk daily, with the juice of two oranges, plenty of fruit, vegetables, and whole wheat bread, with meat once a day, was advised.

For local treatment the arms and legs were washed thoroughly with Mercirex Soap and warm

water, then dried, and the Mercirex Cream thoroughly massaged into the skin. This was repeated twice daily.

March 17, 1926. After one week's home treatment there was marked improvement in the appearance of both arms and legs, much of the rough thick skin having practically disappeared. There was much less inclination to scratch than before.

March 24, 1926. General con-

dition of the patient much improved. Patient reported that Mercirex Cream had a cooling effect and allayed the itching to such an extent that he now seldom feels inclined to scratch.

March 31, 1926. The two photographs taken on this day show the extent of improvement in three weeks. Swabbed surface of scabs over a small area on right arm with 70 per cent alcohol. Then removed scabs and placed them in dextrose brain broth culture medium. Scarified skin under part where scabs had been removed and collected a little bloody serum with a sterile swab which was also inoculated into dextrose brain broth.

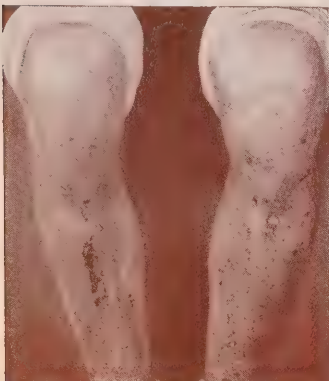
After twenty-four hours' incubation no growth appeared. In forty-eight hours there was a clouding of the medium and microscopic examination revealed the presence of large spore-bearing rods, evidently of the *subtilis* group. The broth culture plated on litmus lactose agar gave a pure growth of aerobic spore formers. (Continued on page 10)

March 10, 1926

March 31, 1926

August 13, 1926

November 9, 1926



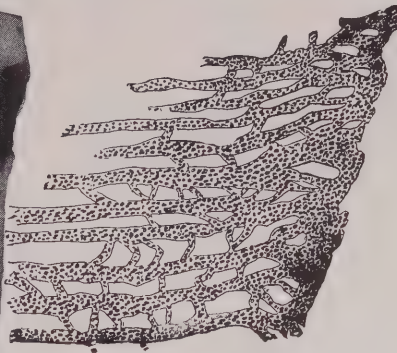
Sterilization of Infected Dentin is a Vital Factor in Preventing Pulp-Death



(Left) Cavity in proximal surface of tooth



(Right) Cross section of tooth showing outline of cavity



Section of dentin stained to show micro-organisms in tubuli

It takes a little time for bacteria to show the visible results of their destructive labor in tooth structure. Hence they actually are penetrating farther into the dentinal tubuli than the stained appearance of the dentin would indicate.

The mechanical removal of decay with burs cannot at the same time get rid of these organisms. In fact, drilling away the infected dentin actually forces bacteria to invade the tooth structure beyond.

Then the arrangement of the tubules approximately at right angles to the surface of the pulp offers literally broad highways for the organisms to continue their triumphal march unhampered toward the pulp.

It's not hard to guess what happens beneath fillings placed without the dentin first being sterilized. Just a question of time until serious trouble results.

Some operators have the mistaken idea that merely lining the cavity with Repelac provides adequate pulp protection. What is really done here is sealing the door on the outside with the robbers left unmolested within the house to follow their trade.

One dental authority sums up the matter by stating that, "In any tooth in which dental caries has involved the dentin, the pulp must be regarded as at least potentially infected. And attention must be given to sterilizing the cavity wall before the filling material be introduced."

There are many sterilizing agents that might be successfully employed. Phenol in a 90 per cent solution is satisfactory. After the decayed dentin has been removed and the cavity prepared the phenol is applied to the walls on cotton held in pliers.

Then line the cavity with Repelac. It provides a tough, non-contracting, impervious, acid-proof and chemically neutral lining.

It is well to freshly chisel the enamel walls after applying the Repelac so that the filling may rest on surgically clean margins.

Exercising this care in sterilizing the dentin and lining all cavities with Repelac under all fillings will provide adequate pulp protection and thereby prevent unfortunate difficulties later.

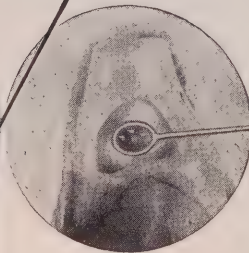
Cavity filled with Synthetic Porcelain. The pulp is safely protected since the tubuli have been sterilized and the cavity walls lined with Repelac



Cavity prepared and infected dentin being sterilized with 90 per cent Phenol



The next step in the technic is to line the cavity with Repelac



The Repelac applicator places the lining neatly over the surface of the cavity without smearing



Cavity ready to be filled



Six Years' Service Makes Mercitan a Standard Treatment

THE Minimum Mercitan Unit is presented in the photograph on the opposite page. With the equipment presented you will notice that the original complete Mercitan Unit has been stripped down to the bare essentials.

Mercitan Treatment for pyorrhea has had a most interesting history. From the very first day it was presented to the dental profession in 1921 it has ever increased its prestige among practicing dentists.

At first there was a great deal of skepticism regarding its value. There had been so many so-called pyorrhea remedies presented previously only to fail after a short life that a natural prejudice had arisen against everything that had for its purpose the treatment of pyorrhea.

A wealth of clinical information was in back of the introduction of Mercitan, however. We had convinced ourselves first that the treatment would positively accomplish everything that we were planning to say for it in advertising.

Case after case was treated in an experimental way to learn the limitations of the method. Then we had no hesitancy whatever to present our product, confident that no one could possibly subject it to a more critically severe analysis and investigation than we had carried on so successfully in our laboratories.

There is no definite way of determining the total number of dentists who are employing Mercitan Treatment regularly in their practices at the present time. Our last official count numbered a little more than eighteen thousand dentists—one in every four. That was two years ago.

Since then the volume of sales has increased each year far beyond our expectations. There can be no better indication of its success among professional users.

The one feature about Mercitan that is most attractive to dentists is the remarkable speed with which it carries a pyorrhea case to a gratifying conclusion. Other methods of treatment are known which will bring about successful results but they require visits without number for the patients, often resulting in a discouraged cessation of further effort.

The practitioner therefore who is equipped to treat pyorrhea by the Mercitan method may rest assured that he is employing the one *system of treatment* that has been developed on a thoroughly scientific basis.

May we tell you more about the technical phases of the subject? You are bound to be greatly interested in reading of the clinical cases just recently treated. The chances are that you can draw many parallels between those cases treated in the Caulk Clinic and those treated in your own office.

Milford News Appreciates This Kind of Letter

IF you will send me the Synthetic Porcelain card illustrated," writes a dental assistant in Illinois, "I shall be glad to add it to a collection of detailed directions that our Clinic Club is making for the guidance of the inexperienced girl. Thanks for calling our attention to this important phase of our work.

"While most assistants are too busy to write you comment about your articles for assistants, I want

to assure you that our girls are most appreciative of the space and content you have devoted to them."

The illustrated technic card on Synthetic Porcelain referred to above is ready to be mailed to any dental assistant who wishes to receive it. Just a note asking for it is all that is necessary



Let This Assembly Be Your Selection of Plastics for the New Office

WHAT ITEMS among plastic materials should be included in the equipment for a new office? Many a dentist has pummeled his brain to think of the best selection.

Despite this careful forethought, the chances are he will discover later that some item was omitted—a material that he urgently needs for the operation at hand.

To make this problem just as easy as possible for the dentist we have tried to anticipate the needs in a new office and have assembled together what is termed the dentist's Office-Opening Equipment of plastics.

You will find the list of contents to include practically everything needed to commence practice. A great deal of thought was given to this selection to make it of maximum service and yet keeping the equipment as a whole down to the minimum.

There's no dead-wood in the assembly. Every item is essential to every-day practice.

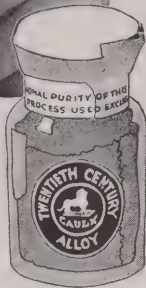
- | | |
|--|----------------------------------|
| 1 Synthetic Cabinet Containing: | 1 Six-Four Pkg. Containing: |
| 8 Full Portion Powders | Caulk Cement |
| 2 Full Portion Liquids | 5 C & B Powders |
| Synthetic Shade Guide | 3 C & B Liquids |
| Stellite Spatula No. 2 | 1 White Copper Powder |
| Synthetic Mixing Slab | 1 White Copper Liquid |
| 10 Crown Forms (assorted) | 1 oz. Copper Amalgam |
| Cocoa Butter | 2 ozs. Temporary Stopping |
| Repelac | 1 box Gutta Percha Points, Pink, |
| Celluloid Strips | Asstd. |
| 1 No. 5-7 Stellite Plastic Instruments | 1 box Impression Wax |
| 1 box Thymozin | 1 box Pink Base Plate Wax |
| 2 ozs. T. C. Alloy Filings | 1 box Inlay Wax |
| 1 lb. shaker Caulk Mercury | 1 Caulk Appointment Book |
| 1 Alloy-Mercury Gauge | 1 Mortar & Pestle |

The price of this special equipment complete is **\$70.00**. This represents a saving of **\$8.75** in the actual cost of the individual items purchased separately.

Also, there is a Synthetic Porcelain Cabinet (mahogany) included *free*. No wonder this assembly is proving so popular among dentists who are planning to open new offices!



The well marked Alloy holds a full ounce of Twentieth Century Alloy filings. The Gage cannot be successfully used with any other make of alloy



Every time that the Alloy-Mercury Gage is loaded with one ounce of Twentieth Century Alloy filings and a quarter-pound of Mercury you make it possible to save two and one-half working hours—hours that would otherwise be wasted in weighing alloy and mercury



The well-marked Mercury holds a quarter-pound of Caulk Mercury



Just Enough Alloy and Mercury in Four Seconds

A DENTIST's wife, not long ago (so one of our demonstrators tells the story) brought into a mid-western dental depot no less than six pounds—yes, pounds—of amalgam scrap. This was not old fillings removed from extracted teeth. It was the leftovers from a countless number of mixes.

Is that stuff worth saving? Of course it is. Not only that but if it is worth saving in the form of amalgam scrap, how much more valuable is it before it gets in the form of scrap—while still in the unamalgamated state—alloy and mercury separately?

That is one of the original purposes of the Caulk Alloy-Mercury Gage—to bring forth on the push of the plunger just enough alloy and just enough mercury without waste for a small mix already measured in correct proportions. If a larger mix is required then two spills from the Gage can be had.

Think of the possible saving in the alloy and mercury used by employing this device!

The particular feature being stressed in this article is the saving of valuable time. You may never have realized the costly lost

motion which enters into the old method of weighing both metals preparatory to mixing.

If you were to actually clock your movements in either weighing or guessing at the quantities of alloy and mercury for each mix you would wonder why it had never occurred to you heretofore that so many valuable minutes were used up by these old methods.

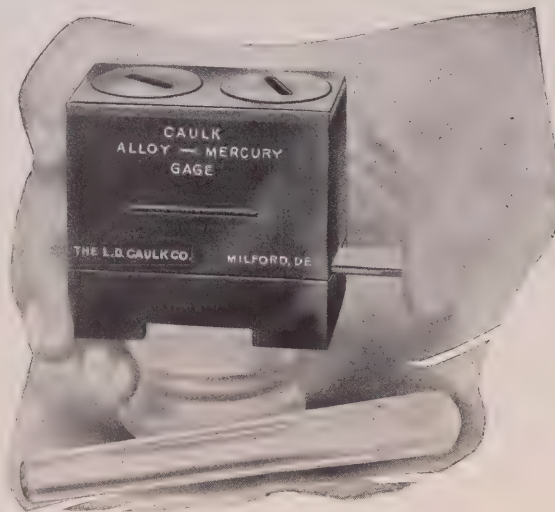
If you were to use a pair of balances similar to these illustrated and had within handy reach alloy, mercury, a glass dropper and the necessary weights, it would actually take two minutes for one mix or two hours and forty minutes for eighty mixes.

To merely put alloy and mercury into a mixer

by guess without any attempt whatever being made to weigh them separately, it takes thirty seconds for one mix or forty minutes for eighty mixes.

And what is saved in time by guessing as compared with weighing in a pair of balances is completely lost by the costly waste of amalgam scrap always resulting.

Compare these tests with what may be accomplished with the Alloy-Mercury Gage. There can be no question but that it actually does eliminate the waste of alloy and mercury. And that is a mighty important feature.



The Gage Loaded and Ready for Use

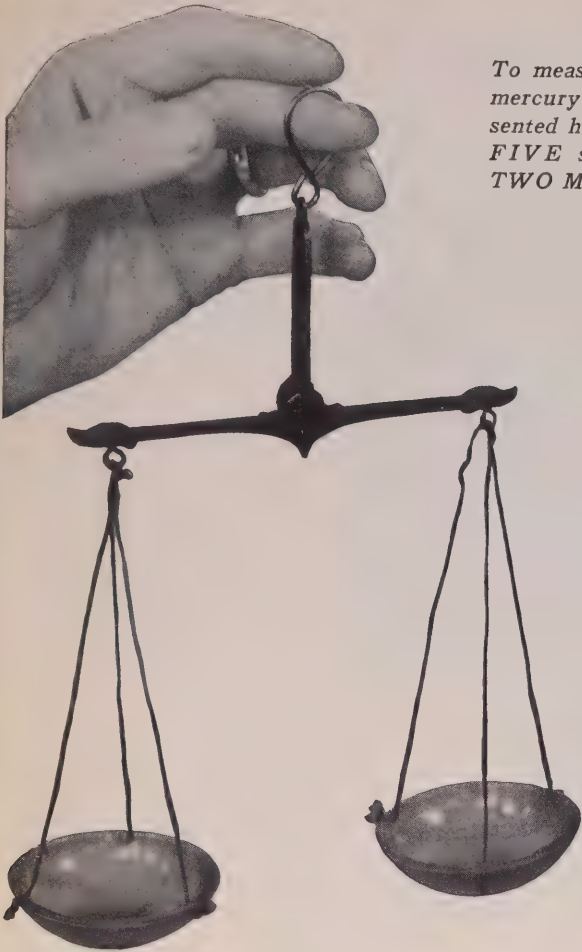
This Gage keeps the alloy and mercury air-tight and dust-proof, always clean and always ready for immediate delivery directly into mortar and mixer



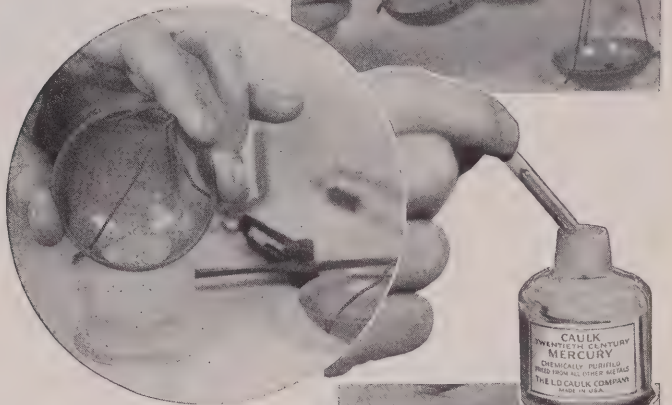
Here are the eighty piles of alloy and mercury. Notice how uniform the quantities are. Each pile weighs exactly one ounce.



To measure one mix of alloy and mercury by the old method presented herewith it requires at least **FIVE** separate operations and **TWO MINUTES** of valuable time



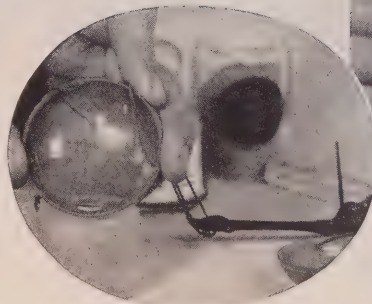
Alloy is poured into dish of balance. Obtaining just enough often requires jockeying the alloy back and forth



Measured quantity is poured into mortar



Mercury is then weighed. This method practically makes the use of a dropper necessary to handle the mercury



The fifth operation by this method to obtain the mix is dumping the mercury into the mortar

back. Lifting the Gage bodily and tapping it upon the top of the cabinet accomplishes the purpose.



A Little Care is Needed Once in a While

Before loading the Gage each time, be careful to wipe out the wells to remove dust or moisture. Seeing that the hole in the plunger at the bottom of each well is free and clean will allow this device to work efficiently

Then consider the saving of time. The Gage holds a little over one ounce of Twentieth Century Alloy filings and a quarter pound of mercury. The device is so regulated that it will spill eighty mixes before reloading is necessary.

To spill one mix directly into a mixer it takes but *four seconds* or five minutes and twenty seconds for eighty mixes. Not only that but the Gage automatically weighs both metals more accurately than most ordinary scales or balances.

Therefore, every time the Alloy-Mercury Gage is loaded you make it possible to save two and one-half hours of working time. The mixes are all economically uniform in size and there is no amalgam scrap to bother with.

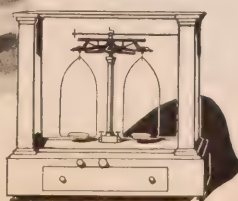
There is one factor in the successful operation of the Gage that must not be neglected. You will notice that the alloy filings drop by their own weight into the slot on the plunger.

Unless some vigorous jar is applied to the device the filings may not completely fill this slot. The result is then that an insufficient quantity of alloy would be spilled for the mix.

The only action necessary to prevent this condition and to make the spills uniform in size is to allow the plunger to *snap*



delivered from one ounce. are in size. The individual k but *four seconds* to deliver ge. How long would it take individually?



If the Dental Assistant Misses a Trick

THE actual cause of many a tragedy can generally be traced back through various related stages to an apparently insignificant incident or happening. At least it seemed of no serious consequence at the time.

Take this stock story, for example. For the want of a nail the horse threw off its shoe, fell, and broke its leg. For the want of a horse the courier could not proceed. For the want of a courier the supporting troops did not receive the message to advance. For the want of these troops the battle was lost—the empire crumbled and so on, *ad infinitum*.

Apply this thought to the prac-



With cork-screw supplied with each bottle of Synthetic Porcelain liquid remove cork and throw it away

We have received so many interesting letters from dental assistants favorably commenting upon the articles in Milford News relating to their work, that we plan to continue the series. Please help us by your comments to make these articles of maximum interest and value

then you may be sure that no change can possibly take place in the physical properties of the cement from this particular cause.

You may notice also that crystals form in the glass cap—especially on the interior surface that grips the neck of the bottle.



The dropper supplied should always be returned to the bottle after using and kept inside. Otherwise it would accumulate dust and dirt which would be harmful to the liquid. Also, when left outside, crystals may form in the dropper due to evaporation of the water with a resulting harmful effect upon the liquid when the dropper is returned to bottle

agree with him. Here is the reason.

It is not within the power of science to produce a dental cement without water. All dental cements without exception must have water as a constituent of its liquid—and in the proper quantity.

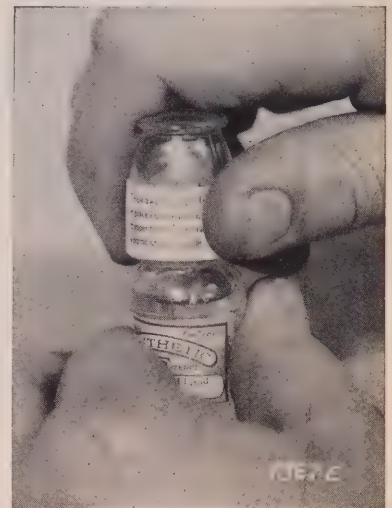
It is not merely a solvent, but actually *controls* the chemical reactions which change the powder and liquid into cement. And the quantity of water is just as important as the quantity of phosphoric acid or any other constituent.

Then suppose you allow the Synthetic Porcelain

liquid bottle to remain uncapped, exposed to the atmosphere? Some change is bound to take place in the physical properties of the cement that is mixed later with this liquid.

Most likely that change will be caused by an evaporation of the water constituent. In very humid weather, though, the Synthetic Porcelain liquid may actually absorb water from the atmosphere to dilute itself.

So you see how necessary it is to promptly seat the glass cap on the liquid bottle. A quarter turn will actually lock the cap. And

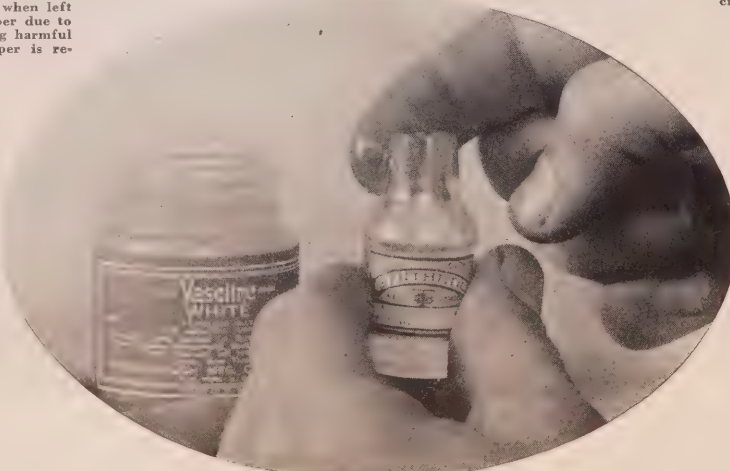


Securely cap the bottle each time after using. A quarter turn is sufficient to lock the cap on the bottle

tice of dentistry. How many unfortunate and embarrassing *tragedies* there might occur for your employer if you should fail to safeguard his operating by overlooking what may seem at first glance to be only minor details.

One dentist made the very positive statement recently that his assistant controls the success of his Synthetic Porcelain restorations to a great extent by the manner in which she cares for the Synthetic liquid bottle.

That is a definite fact and any thinking person will



It is a good practice to coat the neck of the bottle with a thin layer of vaseline. This seals the joint between bottle and cap perfectly, and thus prevents any possible evaporation from the bottle

These crystals should be removed with a clean cloth. Otherwise they will prevent a tight joint between the cap and the bottle.

When reasonable care is taken of the Synthetic Porcelain liquid you go a long way towards contributing to the permanent success of the restorations made by your employer.

Can you think of any other apparently inconsequential details that you attend to in your work which might lead to unfortunate occurrences later if they were neglected? How about thoroughly washing mixing slab and spatula?

COMFORT and HEALTH for YOUR DENTURE PATIENTS



*The Perfect
Trio*

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DENTU-CREME and DR. WERNET'S DENTAL PLATE BRUSH—used together—will always keep plates beautifully clean, "Sweet" and free from film. To make it possible for your patients to clean their dentures properly from the start, there is a free trial tube of Dentu-Creme packed with each Wernet Brush. This combination assures clean plates, which are vitally necessary for COMFORT and GOOD HEALTH.

WERNET DENTAL MFG. CO.

This Is How They Received It

It has been particularly gratifying to discover that so many dentists were favorably attracted to the article in the last *Milford News* entitled, "When You Rise to Speak in Public."

Apparently there is quite a remarkable opportunity to distribute through these pages to dentists the kind of information on dentistry that should be handed down to the public. In one letter received, the writer suggested that if all dentists would prepare their public speeches using the thoughts presented in this series, it would serve as a veritable campaign, nation-wide in its extent, to enlighten Mr. and Mrs. Public on dental subjects.

Reprinted herewith are four of the many letters that have been received. For the most part they are typical of the others which obviously cannot be printed because of the limited space:



Enjoyed Reading Your Article

I have just received and read copy No. 64 of your paper, and must say I enjoyed reading your article called, "When you rise to speak."

I have a number of times been called on to make a short address, and, while I did the best I could, I am sure it did not come up to the talk you have here outlined. I certainly, for my part, would appreciate your continuing to publish them, for I feel the need of a series of talks of just such nature and am sure I can use them to good advantage.

Have been a steady user and booster of T. C. Alloy and mercury for all the time I have been practising.—*Oklahoma.*

You Deserve Praise

In the last issue of the *Milford News* I noticed that you are about to print a series of speeches which will be appropriate to give before an audience.

As a "School Dentist," having to speak to hundreds of children in classroom and auditorium, and knowing the value of prepared speeches (as timesavers), I think that you deserve praise in printing in the *Milford News* any speech that may be read or spoken to the public.

I have read the speech entitled, "Health Education," and think it wonderful. I would greatly appreciate your placing my name on your permanent mailing list that I may receive your series of speeches.

I would greatly appreciate your sending me a speech that may be delivered to the parents of the children in school in the auditorium.—*New York.*

Very Much Interested in Your Project

I have just finished reading your first prepared speech in the *Milford News*, No. 64, and I am very much interested in your project.

I personally wish to thank you for your thoughts in doing something for the profession which some of the men either cannot do or haven't the time to do it.

I think that you will be helping the dentist a great deal if you will continue publishing speeches from time to time.

Again I wish to thank you for your thoughtfulness.—*New York.*

Just Arrived in Time

Just received the *Milford News*, and your article, "When You Rise to Speak in Public" is very good. The fact is I have been trying to get just this write-up this very afternoon to use in a community paper that is being given in this community.

Now what I would like to ask you, can I use same for this said paper? Also if you have or will have other articles I shall be pleased to use same with your permission.—*Illinois.*

The 3-shade package is illustrated. It contains three full portion powders and two full portion liquids in individual cartons. The price is \$11.25 complete.

Mercirex Treatment of Psoriasis

(Continued from page 2)

April 14, 1926. Considerable improvement. No new or active lesions. Old lesions healing rapidly. No itching and patient sleeps well. Photograph of legs shows extent of improvement.

April 28, 1926. The general aspect of skin is much improved. Many old lesions on arms and legs have practically disappeared.

August 13, 1926. Photograph of arms taken on this day shows most of the old lesions healed and those remaining being much smaller. Patient's general condition excellent. Weight 132 pounds.

November 9, 1926. Photographs of arms and legs taken on this day show patient in practically normal condition.

January 31, 1927. Examination shows patient in normal condition. No recurrence.

is due to some, as yet unknown, germ. We were unsuccessful in our attempt to obtain any definite result except to find the usual skin contaminants, like the *Staphylococcus aureus*.

When he first presented the patient was depressed and had little hope that anything might be done to benefit him. His occupation as printer, with sleeves rolled up, annoyed him because of a feeling of shame when approached by co-workers.

No internal medication except a laxative was given and the patient used the Mercirex Treatment faithfully twice a day. He also added milk, fruit, vegetables and whole wheat bread to his decidedly deficient diet. This resulted in considerable general improvement and relieved him of habitual constipation.

Mercirex treatment in conjunction with an adequate balanced diet and an occasional laxative on beginning treatment caused the eruption to disappear. Up to the present time there has been no relapse.

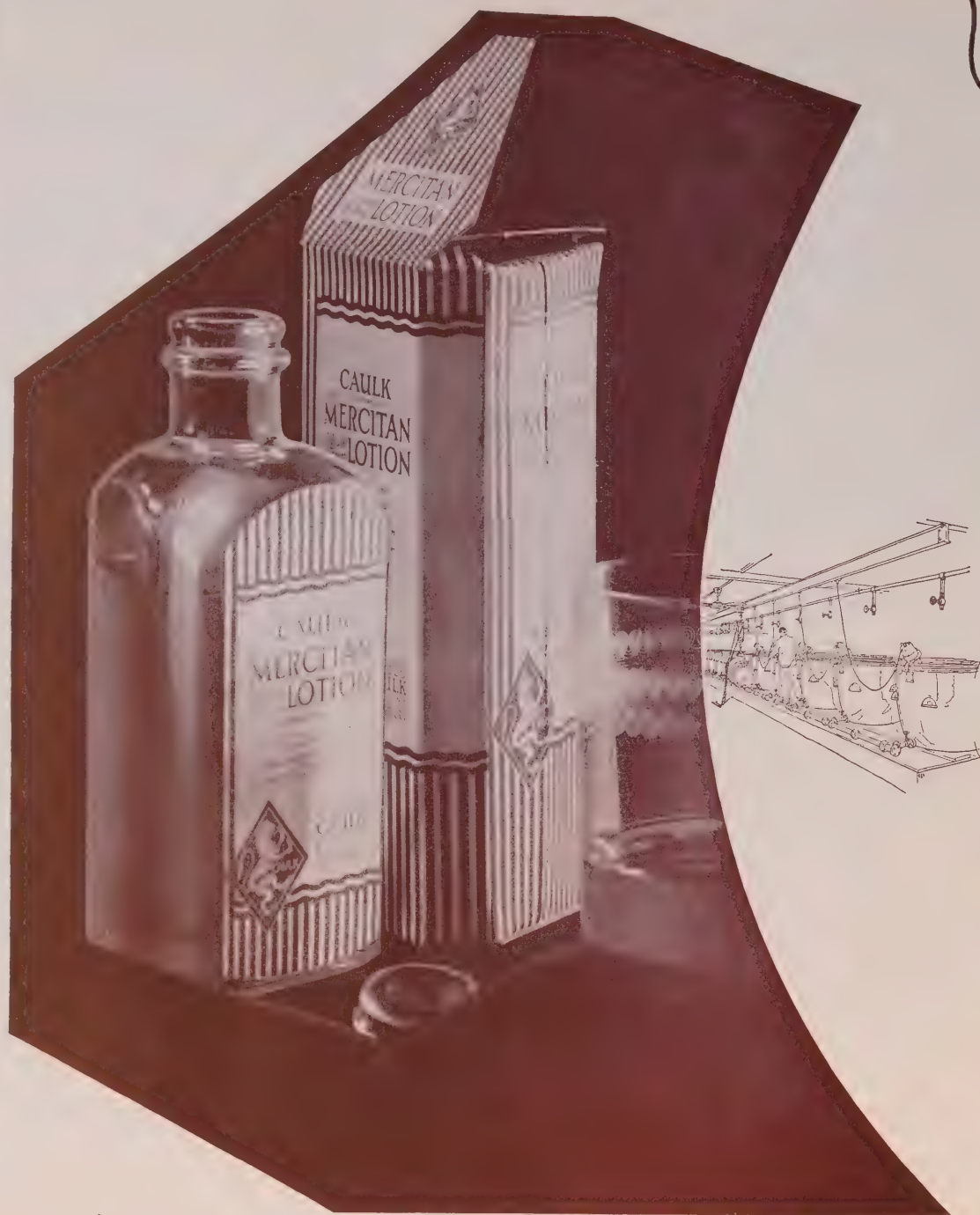
REMARKS

Psoriasis is a chronic inflammatory disease of the skin, the direct cause being still unknown. Many are of the opinion that it



Hence, you may safely prescribe Mer Dentifrice for what it actually is.

117



A convincing test will show you

Set one of your pyorrhea patients to using Mercitan Lotion at home in between visits to your office for treatment. Then watch how promptly the inflamed condition of the tissue will improve. It is altogether reasonable that such a decidedly effective germicide will greatly reduce the bacterial infection. Consequently, the patient is encouraged to continue treatment until all signs of the pyorrhea condition have been eliminated.

Synthetic Porcelain Plus a Facing Form Makes
This Kind of Restoration Practicable

CANADIAN EDITION

MILFORD NEWS

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NUMBER

66



Also in this Issue

Daintiness Has No Part in This Operation
Twentieth Century Alloy Does Not Require Washing

PAIN IS NOT NECESSARY

If your case-records show over 10% pain in root canal operations then you are not employing Osogen correctly

May we suggest how to revise your technic to make your future use of the method as successful as that of many other users whom we have already assisted in overcoming difficulties?

The Chief Causes of Pain Are:

- 1 Improper instrumentation. Passing instruments beyond apex through infected material in canal thereby spreading infection to periapical tissues. This causes a "flareup" or acute inflammation and suppuration.
- 2 Failure to sterilize canal contents before cleaning out debris from apical portion of canal.
- 3 Failure to diagnose cases to distinguish between a partially vital pulp and completely putrescent pulp.
- 4 Forcing an excessive amount of Osogen Fluid or plastic Osogen beyond apex.
- 5 Repeating too often treatment with Osogen Fluid.
- 6 Failure to use Eutone before treatment with Osogen Fluid and before filling with plastic Osogen.
- 7 Forcing hydrogen peroxide beyond apex.
- 8 Causing tissue inflammation by instrumentation in enlarging apical foramen.
- 9 Beginning treatment and instrumentation of acute case in which there is a pericementitis instead of sealing in a palliative treatment (Eutone).
- 10 Forcing beyond apex sulphuric acid or other drugs used for cleansing or removal of obstructions.
- 11 Forcing foreign substances like broken pieces of gutta-percha points or broaches into periapical tissue.
- 12 Protrusion of gutta-percha points or other foreign bodies beyond apex of tooth.
- 13 Perforation of side of root while establishing access to apex.
- 14 Trauma from over-filling of cavity.
- 15 Mechanical injury to tissue from clamps and ligatures improperly applied.
- 16 Chemical injury to tissue from leakage of medicaments upon the gum.

Obviously we cannot be of service to you unless we know definitely the type of difficulties that you may be having. If you will write to us about your experience, either briefly or in detail as you please, then we shall at once forward to you clinical reports containing specific information that can be of invaluable service to you

Others have profited by this assistance and there is no good reason why you cannot enjoy a like service if you will but write



An upper right lateral crown with a hole in the labial surface. The crown fitted well and was in good condition



The labial surface of the crown was cut away leaving a millimeter of gold at the gingival and incisal margins. The cavity was prepared with undercuts for retention

WHAT to do with a case of this kind is frequently puzzling. It need not be, however. The method herein described for repairing this old gold crown is quite practicable and there can be no question about the permanency of the restoration.

Not only that but the appearance of the tooth after the repair is far more acceptable than when the gold crown was in good condition.

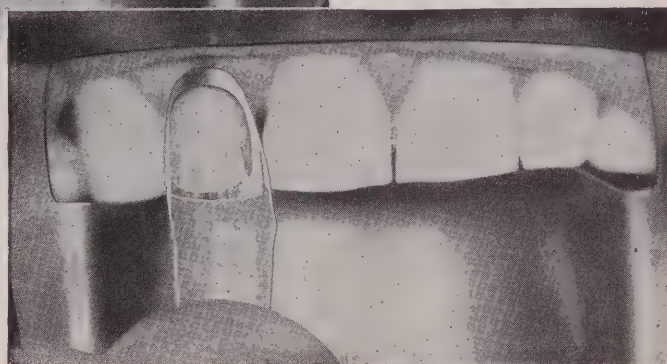
The circumstances in this particular case were that the crown

fitted well—or at least as satisfactorily as a gold crown can. Repairing the hole in the labial surface was the only work to be done.

The customary operation would have been to remove the crown and remake it. A better plan, however, is to cut away the labial surface leaving a millimeter of gold at the gingival and incisal margins.

You then have what amounts to a cavity with a Synthetic Porcelain (Continued on page 10)

Synthetic Porcelain Plus a Facing Form Makes This Kind of Restoration Practicable



Measuring and fitting the celluloid Facing Form



Cavity and Facing Form filled with Synthetic Porcelain. The Form is held firmly in place for five minutes by the clock

Excess Synthetic Porcelain removed. Restoration coated with Repelac and patient ready to be dismissed



Principal Uses for Facing Forms

- 1 To put Synthetic Porcelain faces on new or old gold-shell crowns, in the mouth, or out of it, to eliminate visible gold.
- 2 As an aid in filling cervical cavities and labial enamel-imperfection cavities.
- 3 To replace the whole labial enamel face where, through extensive faulty deposition, it is unsightly or discolored.
- 4 As an aid in making any extensive labial restoration.

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WERNET DENTAL MFG. CO.

172 JOHN STREET

Wernet Prescription Pads Sent on Request

TORONTO 2, ONTARIO



The Care of Children's Teeth

This paper may be read before audiences of Parent-Teacher Associations. It is the second of the series being published by MILFORD NEWS with the kind permission of the Chicago Dental Society

ALL mothers and fathers want their children to be happy and are always ready to make all sorts of sacrifices for them. Particularly is this instinctive feeling expressed toward babies and little children, who in their helplessness must depend upon their parents for all their needs. The eagerness of the parent to help the little child has no limit.

In case of sickness, when a child is suffering from high fever or some other malady, does not

the mother wish that she could change places with the little sufferer? And yet there are many instances in which the little one is suffering only through his mother's own carelessness and neglect.

This neglect is particularly noticeable in the care of children's teeth.

Few mothers know anything at all about what is taking place in the mouths of their children, and yet from the very birth of the child to about 14 or 15 years,

there is constant growing, eruption, absorption, shedding and replacement of teeth.

How many mothers know the exact or even the approximate time for the shedding of each baby tooth? Very few, indeed. Yet, this physiologic change is of utmost importance in the life of the child. A baby tooth that is supposed to fall out at the age of 6 must now be allowed to remain in the child's mouth till the child is 10 years old, and the baby tooth that is supposed to fall out

at the age of 10 should not be removed at the age of 6. The retention of baby teeth too long is just as harmful as the premature extraction of them. Both conditions are factors that produce crowded, crooked, protruding teeth, improperly developed jaw bones and inharmonious facial features.

The checking up of this one condition by the family dentist will more than remunerate the parents in satisfaction, pride and happiness. The child's teeth will be graceful and pretty, and the parents will be saved the rather heavy expense of straightening the teeth by braces and other orthodontic appliances. They will also save themselves the aggravation and worry that go hand in hand with the child's wearing of orthodontic appliances.

Time and again the dentist is greeted with the self reproaching expression from the mother: "Why, Doctor, I thought that was only a baby tooth, and it would fall out anyway." Now, where did mothers get the idea that baby teeth can be neglected, because some day they will fall out? Surely, not from an authoritative source. It is a very serious mistake, and the sooner mothers will realize the gravity of this mistake, the better it will be for children and parents.

Nature has given the child twenty teeth; ten on the upper jaw, and ten on the lower jaw. Nature has arranged these precious pearls in a certain way for a certain purpose. Nature wants each one of these little pearls to stay in the child's mouth a certain length of time, and to perform a certain function. The mother is expected to watch over these important little organs at least as much as she does over the hair or finger nails of the child.

Every mother feels keenly the possibility of being criticized for the child's shabby appearance, for his unkempt hair or his unclean face, but how many mothers feel that way about their children's teeth? They are indifferent because they do not know the great importance of these organs.

The functions of the teeth are: (1) to chew food; (2) to assist in the articulation of speech; (3) to assist in the facial development and expression, and (4) in the case of temporary or baby teeth to serve as pathfinders and to preserve space in the jaw for the succeeding permanent teeth.

(Continued on page 7)

Daintiness Has No Part in This Operation



Grip the mortar and pestle with main strength

This photo illustrates how *not* to hold the mortar and pestle



Don't mix amalgam in hand for the good reason given in the text



Load amalgam carrier from wet mix first



Pick up the second portion of amalgam with pliers



Then express the mercury using finger pressure



All excess mercury is expressed from final portion of amalgam



It's a man-size job to mix alloy and mercury together in a mortar. Gracefully posed fingers and arched wrists delicately lifting stork-legged glasses are most attractive to be sure along the Avenue.

But in the dental office where alloy and mercury are to be amalgamated together in a mortar they are hopelessly out of harmony with the job to be done.

You must grip the mortar and pestle with main strength. Continue to exert this rigid pressure throughout the trituration period of at least three minutes by the clock.

Then when you have finished, the amalgam mass will be perfectly smooth and plastic. Notice particularly, please, that the mixing period should not be less than three minutes. Even a minute or so longer to make sure that there is a complete combination of alloy and mercury will not be objectionable in any sense.

Of course if you employ a mechanical mixer of some kind the

trituration period should be reduced to half a minute. A longer period is likely to burn the amalgam.

Then, don't dump the mix into the palm of your hand to continue kneading with your thumb. The objection that one dental assistant makes to this handling is the resulting stain on the hands.

That is an objection, naturally. But it is only a minor one. The major or all-important objection is that by kneading the amalgam in the hand there is a great danger of contaminating the mix with bacteria, sweat, skin and other impurities.

Great care is taken in the manufacture of Twentieth Century Alloy and Mercury to make each absolutely free from oxides and sulphides. Hence, you should be equally as careful to maintain this purity and thereby assist in making the resulting amalgam restorations permanently satisfactory.

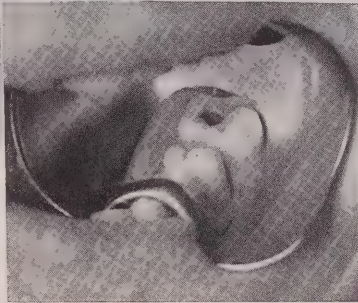
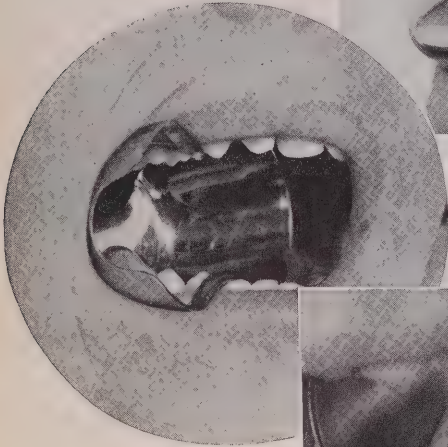
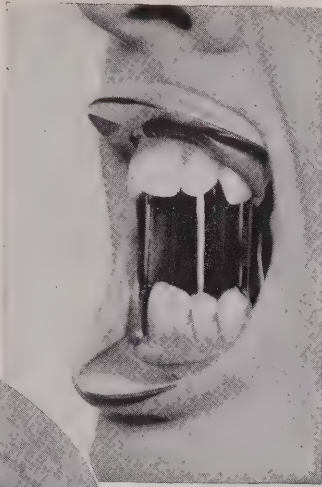
It is not good practice to squeeze out the excess mercury from the whole mass of amalgam at once. In placing the amalgam into the cavity at least two or three small portions will be used.

(Continued on page 10)

The Care of Children's Teeth

(Continued from page 5)

The set of three Hare Mouth Props suits every part of the mouth, posterior and anterior, upper and lower



It Helps to Make Your Patient Comfortable

THE Hare Mouth Prop with cotton rolls provides a most convenient substitute for the rubber dam when a dressing is to be changed or some other short time operation is to be done.

It's no bother to use. The field is dry too. And not only that but the highly polished metal of the prop reflects light directly upon the operating area.

Another very important feature is that the metal of the prop protects the cheek from serious injury should a disk or wheel

accidentally slip during the grinding operation.

The use of the prop is much more comfortable for the patient than the rubber dam—especially so in hot weather.

Our suggestion is that you have your dealer forward a set of three props to you for inspection. Then you can actually see how very useful each prop is.

The complete set sells for \$3.85. You may purchase any one separately, however, if you prefer.



The premature loss of temporary teeth causes the permanent teeth, which are supposed to take their place in the mouth, to grow crooked. This condition leads to faulty articulation of the upper with the lower teeth. This faulty articulation, or malocclusion, besides being unsightly, does physical harm. It generally causes the palate or roof of the mouth to constrict, and this in turn causes mouth breathing. It prevents the proper grinding of the food, and this overtaxes the stomach and leads to stomach trouble. By crowding the teeth one on top of the other, it is hard to keep them clean and therefore they are more susceptible to decay.

Decayed and infected teeth are not only a cause of pain and inconvenience, but they are often the underlying cause of many serious diseases, such as heart trouble, rheumatism, appendicitis and ulcerated stomach. These diseases are caused by pus and poisons, which are produced by germs that grow within the cavities of bad teeth and about the roots of infected and abscessed teeth. The poisons find their way into the body through food, with which they are mixed in the mouth, and they also get into the blood from around the ends of roots of infected teeth. By having the teeth filled early, before the decay reaches the pulp, or nerve, most of these diseases can be prevented.

The gravest mistake that most parents make in regard to the care of their children's teeth is the neglect of the first permanent molar, or the six year molar, as it is often called. This tooth erupts in the mouth when the child is 6 years old, and is intended by nature to remain in the mouth permanently. Its roots do not become absorbed, and it does not fall out to make room for a succeeding tooth, as all the twenty temporary teeth do.

There are four of these six year molars, one at each of the farthest ends of each jaw. By interlocking with one another these four molars form the foundation for the whole facial structure and serve as a guide and gage to the proper anatomic relationship of all permanent teeth yet to be erupted.

The premature loss of one six year molar works chaos in the

anatomy of the human mouth. Its damage is often beyond repair. Yet, of all the permanent teeth, this one tooth is the biggest sufferer from neglect, and all because of the erroneous and almost criminal idea that baby, or temporary, teeth do not need attention.

The six year molar erupting, as it does, at an early age is almost always mistaken by mothers for a temporary tooth, and is generally left to suffer the unenviable lot of temporary teeth—decay, infection and extraction.

Children's teeth should be examined and cleaned by a dentist regularly every six months. In this way cavities in the teeth can be discovered when they are still small and can be filled early, thus preventing much trouble and expense. In having the child under periodic observation, the dentist is in a position to correct all sorts of irregularities with little or no pain to the child and without undue exertion and nerve-racking experiences to both child and dentist. Regular visits to the dentist become a healthy habit. The child soon becomes accustomed to the surroundings in the dental office, and his early fear for the dentist is replaced by a feeling of confidence and friendship, which in many instances lasts for many years after the child has attained manhood or womanhood.

It has been found that the teeth of children living in institutions, such as orphan homes, are much better than the teeth of children who live in their own homes under the care of their own parents. The difference in the number of tooth cavities between institutional children and the average school child is so great that it is almost unbelievable. Statistics obtained from institutions situated in different parts of the country under different climatic and geographical conditions are almost identical in showing low percentage of bad teeth in institutional children.

Dr. Trim Houston of Corsicana, Texas, who has been in charge of the dental work of an orphan home housing 350 children, reports that in seventeen years 508 children needed fillings in permanent teeth, and the total number of fillings required by

(Continued on next page)

(Continued from preceding page) these children was 731. In other words, the number of tooth cavities per child's mouth was 1.5. What an appalling difference between the teeth of those Texas orphans and the average school children, of whom 98 per cent have had bad teeth to the extent of seven cavities per mouth!

The chief of the dental staff of the Marks Nathan Jewish Orphan Home of Chicago reports that in a period of ten years 3000 children have been given dental care at that institution. The average number of tooth cavities, including all temporary and permanent teeth, is less than one cavity per child. No six year molars are lost, and as a result the children of that institution have no crooked teeth. The general health of those children is excellent.

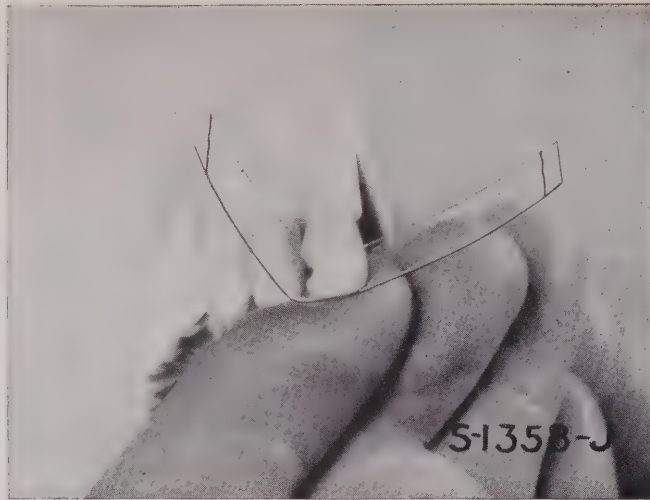
Now, why is there such a tremendous difference in favor of the institutional child?

It cannot be supposed that the orphan living in an orphan home has a better constitution than the more fortunate child who has parents and lives with father and mother. On the contrary, it is only reasonable to believe that orphans may have inherited poor constitutions and may be less resistant to decay of teeth than other children.

The answer to this perplexing question is a very simple one. Institutional children are given systematic physical care. Their health is entrusted to people whose business it is to keep children well, and, of course, these children are benefited by it. They must undergo the prescribed periodic dental examination and they must go to the dentist to have their teeth fixed whether they like to or not.

Children living at home are not compelled to visit the dental office semi-annually; they are generally brought down to the dentist after many sleepless nights, when they can stand the pain no longer. They are brought too late, for the dentist is in no position to do any constructive work except to alleviate the pain by extracting the aching tooth.

Mothers should not wait until the child complains of toothache. They must cultivate the habit of bringing their children to the dentist at least once every six months, regardless of whether there is toothache or not. This they must start as soon as there are teeth in the mouth, beginning at as early an age as six months,



A Special Strip for Close Clearance

A CELLULOID STRIP that is one one-thousandth of an inch in thickness comes in mighty handy lots of times. For instance, in filling a proximal cavity where the contact is exceptionally close. This *very thin* strip slips in between the teeth with scarcely any effort being necessary.

You might think that such thinness in celluloid would make for flimsiness. But that is not the case with Caulk celluloid. It is cured in such a way that even this *very thin* strip is tough and strong. Not stiff to be sure—just sufficiently pliable to be handled with ease.

The box contains 50 of these strips. Your dealer would be pleased to let you see just how efficiently you can employ them. The price is 60¢ per box.



for only in this way can the dentist be of real service, and only in this way can the teeth of the children be preserved with the minimum amount of cavities.

Children with good teeth make much better grades at school than children with bad teeth. No child can concentrate on his school work when he is tormented by a bad toothache. Nobody can concentrate on his work when there is an aching tooth to contend with, so why expect it of a child? Backward children are a source of much worry to their parents and teachers, and their schooling is

costlier to the taxpayer than the schooling of normal children.

The principal of the Morrison School of Cleveland reports that a group of backward children in that school had been given a psychologic test by an expert before their teeth had been put in good shape and after they had been attended to. The average of the whole group of backward children showed 99.8 per cent intellectual improvement. This means that by taking care of the children's teeth it is possible to show a tremendous improvement not alone in their health, complexion and general

appearance, but also in their intellectual attainments.

Dr. Alfred Fones of Bridgeport, Conn., who is one of the nation's pioneers in the work on the hygiene of children's mouths, gives the following interesting figures:

In five years, beginning from 1912, as a result merely of teaching the school children of that city how to take care of their teeth, the percentage of bad teeth among these children was reduced by 33.9 per cent or more than one-third. He also reports that in 1912, 40 per cent of the school children of Bridgeport were behind in their school work, and in 1918 there were only 20 per cent of them retarded. In 1912, 42 per cent of the whole school budget was spent on children who were back in their school work, and in 1918 only 17 per cent of the budget was expended for the schooling of such children. A saving in actual cash to the taxpayers of 25 per cent of the school budget was brought about by the proper care of the children's teeth. The death rate among those children from diphtheria, measles, scarlet fever and other diseases of children was reduced by more than 75 per cent.

Children should be taught to use the toothbrush before retiring and in the morning. The brush should be used parallel with the teeth, starting on the gum, going upward on the lower jaw, and downward on the upper jaw sixteen times. The surfaces of the teeth, which face the tongue must be brushed as much as the surfaces facing the cheeks and lips, and the grinding surfaces of the back teeth must also be brushed. The brush should be kept dry and clean, and before it is used it should be thoroughly washed in boiling water. Every member of the family should have an individual brush. Children should be taught to take pride in their teeth.

Children should never be scared into obedience or good behavior by threatening them with the dentist. The dentist was never meant to be a boogey-man. His work is very trying, when it comes to handling children, and parents owe it to the dentist not to make his task any harder. Little threats and even little jokes in regard to the dentist may leave a lasting impression upon the mind of the child, and that child may stay away from the dental office for years and years, and may suffer untold agony and numerous com-

(Continued on next page)

(Continued from preceding page)
plications that undermine the health as a result of bad teeth.

The teeth can be made stronger by using certain foods and by avoiding the use of others. Foods such as apples, oranges, grapefruit, spinach, cabbage, carrots, green peas, bran bread, milk and eggs are good for the teeth. They contain certain chemical salts that go into the make-up of the tooth material (dentine and enamel). Excessive use of sugar, candy and soft and rich pastries is detrimental to the teeth. It is poor practice to follow up a hot meal with a dish of ice cream. This checks the enamel and very often shocks the pulp, or nerve of the tooth, and kills it. The teeth should be used vigorously. This makes them strong and keeps them clean and polished.

The following principles should be remembered:

1. Good teeth—good mastication.
2. Good mastication—good digestion.
3. Good digestion—good nutrition.
4. Good nutrition — good health.
5. Good health—good, strong and happy people.

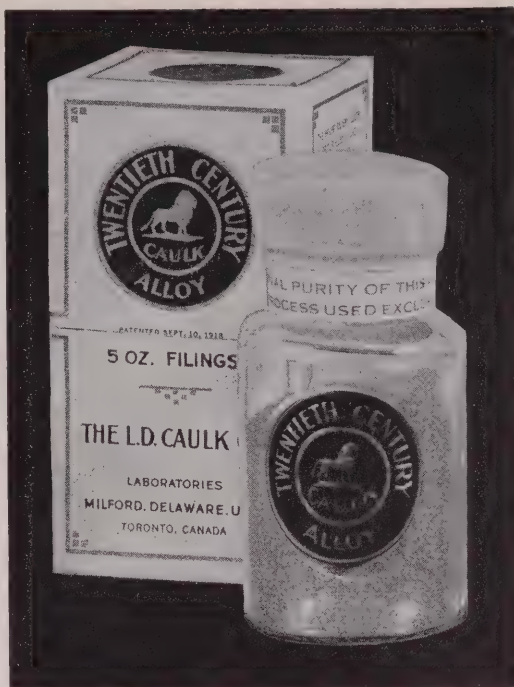
May the Others Be as Interesting

The enclosed is clipped from your *Milford News* No. 64. I should be pleased to receive your "Porcelain Technique card, illustrated," as herein offered to dentists or assistants.

I also wish to compliment you on your "When You Rise to Speak" in same issue No. 64, and express the hope that your series of such may all be as interesting. I, for one, will greatly enjoy and appreciate them and I am sure I only voice the sentiment of all who read them in your *News*. So thank you in advance for them.

One of your demonstrators was giving very interesting and instructive clinics in mixing your Synthetic Porcelain, at the Missouri State Meeting, to a very large and interested bunch of "Hail, Hail the Gang's all here" Boys at the Chase Hotel and I was glad to see his method.

I am convinced failures are largely due to disregarding instructions.—*Illinois*.



SOME of the solutions recommended for the washing of alloy consist of nothing more than a two per cent solution of hydrochloric acid in water. A number of the mineral acids might be used as a substitute for the hydrochloric acid to accomplish a similar result.

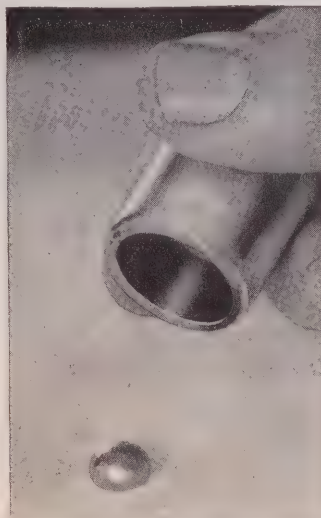
In an investigation of this subject a few years ago we found that the objection to all solutions of this sort employed by the dentist is that the amalgam becomes weakened by entraining the solution. The individual granules of amalgam become moistened and since this moisture cannot be eliminated in a practical way then such a washing process seriously interferes with the physical properties of the amalgam.

Consequently we recommend against the employment of all solutions with Twentieth Century Alloy which have for their purpose the washing and amalgamating of alloys.

Aside from the effect on the physical properties of the amalgam the entrainment of acids within the amalgam would be a serious objection to their use because of the possibility of subsequent staining of the amalgam restoration.

Our experimental investigation of these solutions led up to the invention of a patented process which we now employ exclusively in the manufacture of Twentieth Century Alloy. This process eliminates oxides, sulphides and other impurities from the alloy without the introduction of any foreign substances whatever.

This care in manufacture makes it obviously unnecessary for you to wash or otherwise treat Twentieth Century Alloy in order to facilitate amalgamation.



T. C. Amalgam possesses a bright silvery luster

Dentists have come to employ these solutions for washing dirty alloys, but inasmuch as the chemicals introduced into the amalgam for the washing process may be equally as injurious as the dirt in such alloys there is little advantage if any to be gained in the process.

The only logical thing to do, therefore, is to use a purified alloy, like Twentieth Century, which does not require such treatment. The companion thought is to employ Twentieth

Twentieth Century Alloy Does Not Require Washing

Century Mercury also to maintain this purity throughout the amalgam operation.

There is also a story of economic interest to all practicing dentists in the use of Twentieth Century Amalgam. A carefully controlled test will demonstrate in a most convincing fashion that T. C. Alloy has a greater bulk by twenty-two and five-tenths per cent than any other alloy on the market today.

When all of these several important factors are considered in the light of present day amalgam knowledge it is scarcely any wonder that Twentieth Century Amalgam is being selected for permanent amalgam restorations.

Twentieth Century Alloy is distributed in one-ounce and five-ounce bottles. The quantity rates in lots of 5, 10 and 20 ounces are particularly attractive to those users who have already discovered the superior properties of T. C.



Skin Disorders Often Cause Needless Mental Anguish For the Patients

WHEN a skin disorder persists, whether treated or not, and especially when the eruption is exposed to view on face or hands, or when itching is intense, the sufferer is apt to develop dreads and fears out of all proportion to the nature of the ailment.

This interesting story published herewith is an authentic account of a case of skin disorder that was brought to the attention of a Caulk representative.

A young lady was greatly alarmed to find that a skin eruption was breaking out on each side of her nose. She consulted the family physician about the ailment. He assured her that there was no occasion for alarm. All signs of the eruption would vanish within a very few days.

For treatment he applied a caustic, probably silver nitrate, to the areas, thereby increasing the objectionable appearance of the condition.

At the end of a week the patient could observe no improvement whatever. In fact, she was positive that the areas had increased somewhat in size. The death of her father four years before from cancer gave her the occasion for all sorts of dreads and fears.

Again she consulted her physician and again he assured her that there was no need to be alarmed. He applied a caustic the second time.

During this period the patient was gradually becoming sensitive about her appearance. She was confident that her friends were commenting upon her case and were suspecting that this skin eruption was the first sign of cancer. She became morose and virtually hid herself away from contact with others.

At the end of the fourth week there could be no doubt whatever that the condition was spreading. Despite the emphatic reassurance of her physician, she was positive in her own mind that there could be only one cause. And yet she feared to learn the truth from a specialist.

A friend was informed of her

case. He had had pleasing success with Mercirex treatment previously on a skin eruption and immediately the thought occurred to him to send a complete Mercirex unit to this patient.

Treatment was promptly commenced with the Mercirex Soap and Cream. Within two weeks the infection had been definitely arrested. At the end of a month not the slightest trace of irritation could be observed. The areas had completely healed.

MERCIREX is not any hazardous combination of trifling antiseptics.

It is the result of an intensive study of skin diseases, arising out of the successful development of Mercitan for professional treatment of gum conditions.

The value of Mercitan has been well demonstrated in treatment of mouth tissues. Mercirex applies the same principle to treatment of the skin.

Mercirex is not a beauty cream, but though the medicinal effect is marked, it is not unpleasant to use. It is not greasy, has no druggy smell or dark color, and does not betray the user by any dark stain on skin or linen, nor by any offensive odor.

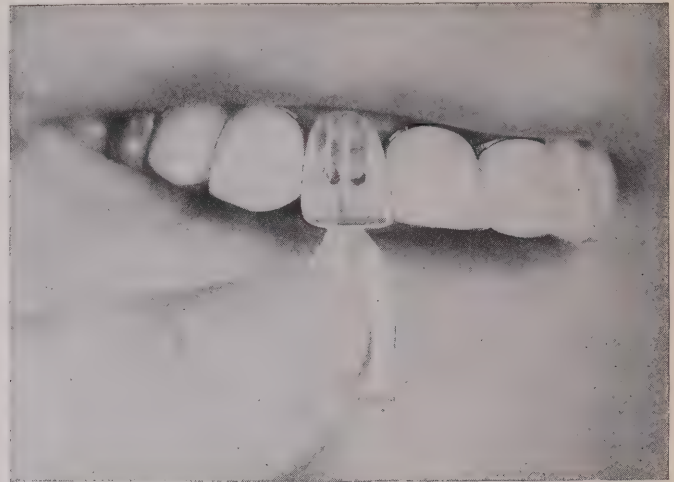
The color is a light pink, flesh tint, and the perfume is very delicate.

One of the important reasons for the effectiveness of Mercirex is that it does not remain on the surface of the skin, but under gentle massage or rubbing it penetrates through the epidermis to the corium or true skin beneath.

A booklet is enclosed with each package, giving specific directions for treatment of various diseases, such as eczema, acne, itch, ringworm, chafing, prickly heat, plant poisonings and other disorders of the skin and scalp.

Copies of this booklet may be obtained free on request.

In order to obtain the speediest and most satisfactory results in treatment, the use of Mercirex Soap is strongly advised in connection with the Mercirex itself.



Fitting a Facing Form to Replace a Broken Facing with Synthetic Porcelain

Synthetic Porcelain Plus a Facing Form Makes This Kind of Restoration Practicable

(Continued from page 3)

lain restoration indicated. Prepare the cavity with undercuts for retention.

Then select the Facing Form from the strip of six laterals that approximately fits this tooth. Accurate fitting is not essential. Leave a tab on the incisal edge to facilitate handling.

Overfill the Form and cavity with Synthetic Porcelain of the proper shade. Then press the Form to place.

Wait five minutes by the clock, keeping a firm pressure throughout the period on the Form. Then peel it off, remove the excess Synthetic Porcelain and carefully dress the restoration to the proper contour.

Cover the surface with Repelac.

If possible defer the polishing by all means to a subsequent sitting.

A mix of Synthetic Porcelain and a Facing Form will replace broken facings in fifteen minutes. Facings thus made are perfect in esthetic appearance and may be relied upon not merely as a temporary expedient, but for lengthy service.

Celluloid is the material from which Facing Forms are made. There are six Forms on each strip. And in each box there are two strips of centrals, and one each of laterals, cuspids, bicuspsids, and molars.

This varied assortment of sizes will conveniently take care of every possible operation with Synthetic Porcelain.

Daintiness Has No Part in This Operation

(Continued from page 6)

The first portion should be taken from the wet mix. The second portion should be squeezed in a chamois using finger pressure. And the third portion should be made quite dry using the parallel pliers to squeeze out all excess mercury.

This procedure controls the setting of Twentieth Century Amalgam since the setting time

does not depend upon the quantity of mercury used in amalgamating, but upon the quantity that is squeezed out. The more mercury squeezed out the faster the amalgam sets.

The photographs at the bottom of page 6 illustrate the method suggested herein for expressing the mercury from each portion of amalgam.



Workable Efficiency *in a* Surgical Operation

IN successfully treating pyorrhea a great deal depends upon the cooperation of the patient. How to impress this fact emphatically upon the patient frequently proves more difficult than it would seem. Yet the need is urgent.

Obviously the best way is for the operator to start off on the right foot at the very outset of treatment. Demonstrate to the patient that the ensuing procedure

is to be a systematic carrying out of certain essential operations.

In short show that you are actually planning a surgical operation with all of the care to detail generally considered necessary by the public.

Prepare the bracket table for efficient action by assembling together everything that you will need during the operation. Have the scalers and files within handy reach. Equip the Mercitan tray with the apparatus included in the Mercitan Unit.

The photograph above presents a convenient layout, stripped for action to the bare essentials. Aside from the operative efficiency this arrangement provides, think of the startling effect produced upon the pyorrhea patient.

There is no need to enlarge here upon the good that this action on your part is bound to bring

about. From then on throughout the duration of treatment you can demand the full cooperation of the patient with the reasonable expectation of being obeyed.

Especial attention is directed to the array of twelve instruments lying upon the bracket table at the left in the above photograph. This set is known as the Mercitan Instruments since they have been especially designed by the Caulk Research Staff to be used with Mercitan Treatment.

An examination of the set will demonstrate that they are efficiently designed to carry on the instrumentation part of the technic. Each instrument has certain work to do in several positions in the mouth, thereby eliminating all possible lost motion previously wasted in searching out the specific instruments required.

The dentist who equips his

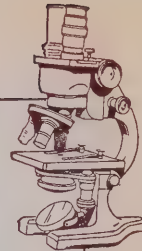
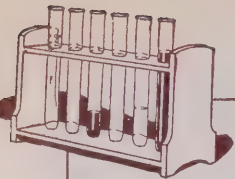
office with a Mercitan Unit and this set of instruments quickly discovers that pyorrhea treatment can be made a most profitable phase of dental practice. The reason is that he is adopting a *system* of treatment for pyorrhea. The procedure has been charted already in clinical practice, and hence he need only exercise reasonable operative judgment in bringing about a most satisfactory result.



Mercitan Fluid



Mercitan Cream

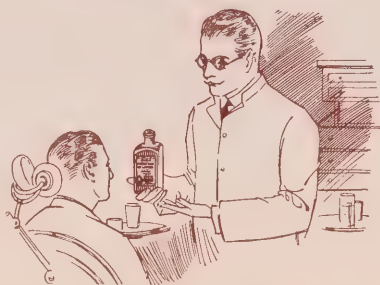


You'll Never Know What Mercitan Lotion Is Until You See It In Action

ALL the printed words that may be thrown together can have but a passing interest to you as far as proving the professional worth of Mercitan Lotion is concerned.

If the choice of words is well done and if the reports from users are favorable then you may even be willing to admit that Mercitan Lotion seems to offer something out of the ordinary.

But that is not the attitude we want you to have toward this preparation. Past experience



demonstrates conclusively that where dentists give Mercitan Lotion a thorough trial in the treatment of pyorrhea they quickly discover that it is of invaluable assistance in gaining control of the conditions.

Hence, we urge you who have never had but a passive interest in Mercitan Lotion to set some pyorrhea patient to using it at home, and then check up on the results. You can then appreciate its value.

CANADIAN EDITION

MILFORD NEWS

COPYRIGHT, SEPTEMBER 1927, BY THE L. D. CAULK COMPANY MILFORD, DELAWARE, U. S. A.

APPOINTMENT BOOK 1911

APPOINTMENT BOOK 1912

APPOINTMENT BOOK 1913

APPOINTMENT BOOK 1914

APPOINTMENT BOOK 1915

APPOINTMENT BOOK 1916

APPOINTMENT BOOK 1917

APPOINTMENT BOOK 1918

APPOINTMENT BOOK 1919

APPOINTMENT BOOK 1920

APPOINTMENT BOOK 1921

APPOINTMENT BOOK 1922

APPOINTMENT BOOK 1923

APPOINTMENT BOOK 1924

APPOINTMENT BOOK 1925

APPOINTMENT BOOK 1926

APPOINTMENT BOOK 1927

FRIDAY, JULY 7, 1911

SATURDAY, JULY 8, 1911

Dentists first made appointments for (de Trey's) Synthetic Porcelain Restorations in 1911.

DE TREY'S
SYNTHETIC
PORCELAIN
— CAULK —

By far more appointments for Synthetic Porcelain Restorations are being made in 1927.

It's a product that will stand pre-eminent as long as dentistry is practiced.

Also in this Issue

Twentieth Century Amalgam Replaces Defective Inlay
Pyorrhea of the Filth Type Conquered With Mercitan

WHEN YOU SAY

Cleanse Inside, Outside, All Sides

Where will the ordinary tooth paste be when an attempt is made by your patient to follow this wise counsel.

The tooth paste that disintegrates and washes completely away with one or two strokes of the brush is obviously of little value. But notice how Mer Dentifrice sticks to the brush, to the job. Extend the brushing period as long as you please there is always plenty of paste remaining to dissolve the greasy deposits in a perfectly natural—safe—way. You can depend upon a tooth paste made like Mer Dentifrice.



*This is the way
Mer Dentifrice looks
on the brush after being used
for five minutes in the mouth.*

Converted *by* Personal Experience

DOUBT is the stuff of which science is made. We no longer tolerate the Sir Oracles of Shakespeare, "and when I ope my lips let no dog bark." The history of science is replete with tales of struggles against doubt. Somehow scientific discoveries are immune to the hostile battering-ram and time only strengthens and glorifies them. But the struggle is none the less fierce.

No matter what may be shouted or written, it seems that personal experience is, after all, the only teacher that makes converts. Individual limitations in knowledge, especially of science, make it difficult to choose rightly from personal experience. When personal experience coincides with the facts set forth in scientific theory, converts are made. By these reflections hangs a tale.

Root canal therapy is a scientific problem although at times it might have been mistaken for a political question, fire works and everything. Fortunately, we have arrived at a quiescent stage or, better, a truce. That at least provides time in which to work and think and many in dental practice have been doing both on the root canal problem in the past few years.

"Is root canal work feasible?" is no longer the question. "Shall we treat or extract this tooth?" takes precedence over our former doubts. We have had our bouts

with streptococcal infection and its aftermath. No longer need we hesitate in our decision to treat or extract. It is a time of inquiry into the health of the patient and the condition of the tooth. But out of the fray, one thing stands out pre-eminent: Pulpless teeth may be successfully treated.

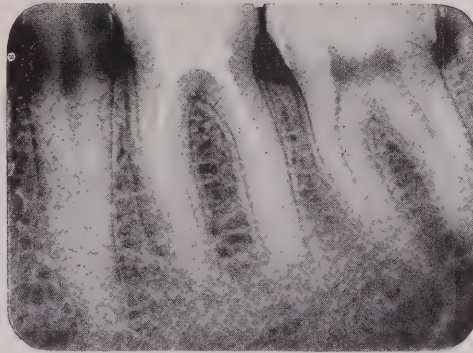
When Osogen was first introduced it awakened a controversy because it set a new standard and stood squarely in the path of ruthless extraction. Now that has all changed and Osogen is fulfilling its place in the conservative treatment of pulpless teeth.

A dentist visited the Research Laboratories at Milford a few weeks ago. He was deeply interested in dental research, spending only part of his time in practice. His name matters not because we are accustomed to visitors as we are to stray cats. Anyway, two days were spent in conferences. All the ins and outs of dental research dealing with specific problems such as dental cements, amalgams, root canal therapy and oral diseases were discussed. Suddenly he announced that he had an Osogen treated tooth in his

mouth. There was a scramble for the X-ray machine. An enlargement of the film is reproduced here.

The tooth, a lower left first molar, was treated for him by his preceptor three years before. It was an experiment. The tooth was radiographed at the time and had a large area. It was considered hopeless, although a good case for "trying" the new Osogen. No radiograms had been taken since, but the tooth carried a large gold inlay and was performing its functions apparently oblivious to its doubtful character. The next day our friend eagerly inspected the film. "What do you think of that?" he exclaimed. Now he was convinced that Osogen was *there*.

This was not the first stray Osogen victim that we had caught. Others had shown up before, but this particular victim impressed us because of his complete winning over to Osogen on the evidence of a single tooth. Why? It was his own tooth; a personal experience not easily forgotten. We have since tried to locate that original radiogram.



This is the radiogram that convinced the skeptic about the value of Osogen

Our friend regretfully reports that it cannot be located. How many experiments are forgotten and lost; how few resurrected?

On February 3, 1927, one of our friends from New Jersey wrote us the following letter:

"I am enclosing pictures of a case just filled with Osogen. Picture No. 3 was taken one week after the tooth was filled with Osogen at which time a gum boil developed.

"Do you think it is necessary for me to do anything in this case or will the Osogen take care of this condition?

"I would appreciate an immediate reply as I am working on this case now."

On February 24, 1927, the director of the dental department of the Caulk Research Laboratories wrote as follows:

"This is in reply to your letter in regard to the enclosed radiograms.

"The gum boil which has developed is undoubtedly due to the local reaction of the excess Osogen beyond the apex. However, this flare-up will ultimately result more satisfactorily than if nothing happened. I have noticed in a great number of my cases that where I got a local reaction the repair was much more prompt and chances of recovery were much better. In other words, the chronic abscess is changed into an

(Continued on page 6)

No. 1—February 1, 1927

No. 2—February 14, 1927

No. 3—February 20, 1927

No. 4—June 29, 1927

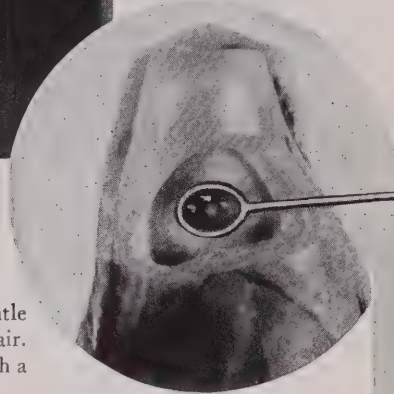


After Lining the Cavity Freshly Chisel the Margins



Combination Package of Repelac. It contains two bottles of Repelac and one bottle of Solvent

Use the new Repelac Applicator to deposit a small drop of lining neatly inside the cavity



Then freshly chisel the enamel walls so that the filling may rest on surgically clean margins



AFTER you have phenolized the cavity the recommendation is to apply Repelac. For this purpose the new Repelac applicator illustrated below is much easier and cleaner to use than cotton.

Cotton smears the lining and causes just that much additional work in preparing the cavity.

Pick up a drop of Repelac in the loop and touch it to the floor or walls of the cavity. The Repelac runs out by capillarity. Spread it carefully. Better apply two coats to make sure that all tubules are well sealed.

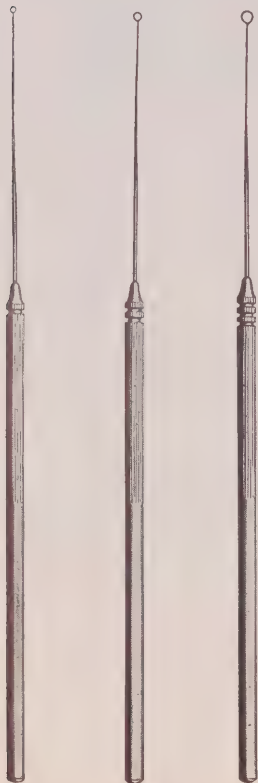
Dry the lining with a gentle breath of warm (not hot) air. Then clean off the margins with a chisel.

Any Repelac left on the margins will eventually cause a little ditch around the filling.

This ditch will not indicate that the filling has shrunk. It just means that a layer of Repelac was occupying space in the joint and has since washed out.

So, it's a good practice to always freshly chisel the margins again just before inserting the filling. Then you are certain that these margins are surgically clean so that there can be a perfect joint between the enamel and filling material.

Phenolize Before Filling to Prevent Pulp Infection



Repelac Applicators in three sizes—three instruments in each box. Price 50c per box

WHERE can I get this phenol solution that you recommend to sterilize carious dentin?" That is the one question asked more repeatedly in our letters from dentists than any other. The piling up of these inquiries all about the same thing shows that dentists are giving a great deal more attention now to the prevention of pulp infection through the sterilization of dentin.

For your convenience in obtaining the phenol solution already prepared for immediate use we have marketed a bottle under the title, Liquid Phenol. It is a permanently stable solution that will not crystallize nor deteriorate with age.

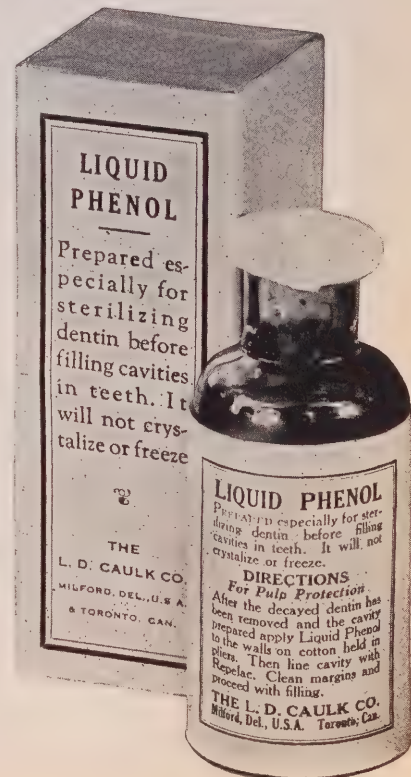
Besides the bother to which you have heretofore been put in preparing the solution in your own office you have probably observed that the solution frequently crystallizes, necessitating a little inconvenience in making it ready again for use. You will find that this new Liquid Phenol is always

in perfect condition for application.

Your dealer has a stock of Liquid Phenol by Caulk and can make immediate delivery to you. Or, if you prefer, you may order a bottle on the card enclosed with this issue of *Milford News*.

The step of phenolizing the dentin before the insertion of the filling is extremely important. It contributes greatly to the success of the entire filling operation.

One dental authority sums up the matter by stating that, "In any tooth in which dental caries has involved the dentin, the pulp must be regarded as at least potentially infected. And attention must be given to sterilizing the cavity wall before the filling material be introduced."



COMFORT for DENTURE PATIENTS

Comfort Comes First

Every patient who comes to you for a denture has been thinking for a long time of a beautiful set of artificial teeth. He has visualized how wonderfully they would fit—how comfortable they should be. He does not expect or anticipate any pain or discomfort with his "New Teeth."

The Shock of the Artificial Denture

Therefore, when he gets his long expected teeth and there is not instant suction—or if he gets instant suction, with a feeling of tightness and discomfort, you have a disappointed and disillusioned patient on your hands.

While Your Patient Suffers—So Does His Opinion of You

The writer once met a patient in the throes of bitter disappointment because her new teeth did not seem to fit. She fiercely berated the friend who recommended her to the dentist and also the dentist who had apparently done a poor job. Ten days later, after she had gotten used to her denture, she apologized for being so hasty in finding fault with her teeth and condemning her dentist. These ten days of torture can be eliminated.

Patients First Resentment Can Be Avoided

If you will use a small dash of Dr. Wernet's Powder on your new dentures before you place the plate in the patient's mouth, explaining that the powder is put there to "Adapt the Gum Tissue" and "act as a cushion" until the tissues and the patient become accustomed to the teeth, you can avoid all the trials, troubles and fault findings of a nervous, sensitive patient during the early days of a new denture.

The Perfect Trio for Mouth Health



Why Dr. Wernet's Powder Should Be Used Constantly

Some leaders of the Dental Profession are insisting that Dr. Wernet's Powder be used constantly, by their denture patients, as it makes an elastic protective cushion for the mucous membrane.

It also guards against any accidental dislodging of the teeth by a sudden muscular spasm, as in coughing, sneezing, etc. This makes it a perfect panacea for ministers, lawyers, singers, actors and musicians—anybody who has to appear or talk in public. Dr. Wernet's Powder has allowed ministers to preach 10 or 15 years longer.

Clean Mouth—Dentu-Creme

According to the highest medical authorities 85% of infection starts in the oral cavity. An unclean denture, therefore, is a real health menace and should not be allowed to exist.

Dentu-Creme is a wonderful cleanser for the denture. It also is very effective on gold, silver, platinum, etc., as it does not scratch.

It is the sacred duty of every dentist to instruct his patients to use a cleanser (Dentu-Creme) at least once or twice a day, as it guarantees a perfectly clean plate and a clean mouth.

Dr. Wernet's Dental Plate Brush Cleans Any Denture

Dentists and Druggists who have used Dr. Wernet's Plate Brush on their own personal plates enthusiastically say, "It is the best brush in the world for a denture."

Dentu-Creme and Dr. Wernet's Dental Plate Brush—used together—will always keep plates beautifully clean, "sweet" and free from film. To make it possible for your patients to clean their dentures properly from the start, there is a free trial tube of Dentu-Creme packed with each Wernet Brush. This combination assures clean plates, which are vitally necessary for Comfort and Good Health.

WERNET DENTAL MFG. CO.

172 JOHN STREET

Wernet Prescription Pads on Request

TORONTO 2, ONTARIO

CONVERTED BY PERSONAL EXPERIENCE

(Continued from page 3)

acute stage, the leucocytes become active and in the process the tissues are stimulated to more prompt healing. This excess will gradually disappear from about the apex and undoubtedly this case will come to a satisfactory conclusion.

"I might add that where you have an area about the apex it is always advisable to fill just the way you have filled this one. Let me compliment you on this nice work. The gum boil which developed indicates that there was an inflammatory reaction. If this gum boil had not developed it is quite likely that you would have had to lance the case at the apex to establish drainage. We have cultured the exudate from several of these cases where we have filled to excess and this exudate in the majority of cases has been sterile.

"If all root canal work was done with the care and thoroughness that you have given this case there would be more teeth saved. You should expect to see some repair in about three to six months. Of course the rapidity of repair depends upon the type of abscess, whether chronic or acute, the age of the patient, and also the patient's general health.

"I would like to see this case in about six months and I am sure you will have a nice case to show."

Just about five months later, July 6, 1927, came the following reply to our letter:

"Enclosed you will find films of a case I wrote you about last February. At the time of filling the canal with Osogen a gum boil developed and I wrote you about this.

"You asked to see the picture after six months. Only four months (really five months) have elapsed but the result is so good that I cannot help but send you the verdict."

The radiograms pictured here are enlargements of the films sent to us. No. 1 was taken February 1, 1927; No. 2, February 14, 1927; No. 3, February 20, 1927; and No. 4, June 29, 1927.

There are several predictions in the letter dated February 24, 1927, from the Caulk Research Laboratories which deserve repetition:

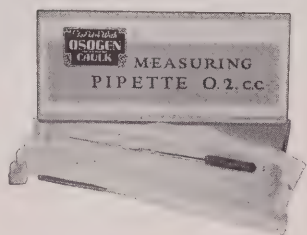
1. "This excess will gradually



Eutone for Osogenation

THE principal purpose of Eutone is to aid in preventing post-operative pain caused by instrumentation in the pulp-canal. It has no reaction with Osogen Fluid, does not interfere with the setting of plastic Osogen, and is a most valuable item for the operator.

Price 60 cents.

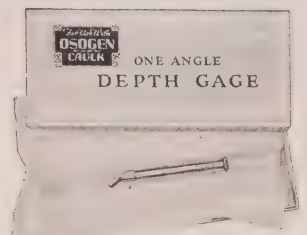


Insures the Correct Consistency of Osogen

THIS Pipette is especially marked to measure the correct quantity of Osogen Fluid for each mix.

The Powder in each vial has been carefully weighed so that when combined with exactly two-tenths c. c. of Fluid the resulting mix will be exactly of the right consistency.

Price 50 cents.



Controls the Depth of Instrumentation

THE Caulk Depth Guard is of a new and simple construction, having no moving parts, threads or screws. Hence it requires no mechanical adjustment except insertion of the instrument to the required position. Also made in a straight style.

Price \$1.50.

THE INDISPENSIBLE OSOGEN

THE old argument of whether to treat or not to treat pulpless teeth will go on, probably forever. But that fact need not swerve anyone from employing Osogen, when it has been proven repeatedly in private practice that it is a safe method.

We argue too much about typical failures and do not sufficiently emphasize the many routine cases that turn out successfully when properly handled. The job done well day by day becomes routine work and does not offer the spectacular stuff for newspapers.

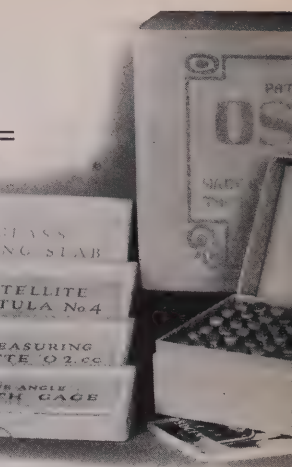
It's the unusual case where complications occur that provokes discussion or publication. And fortunately the effect of this published criticism upon the dentists who are doing pulp canal work with Osogen as routine practice is to make them exercise greater care in deciding upon treatment for each tooth and also to improve their operative technic.

There can never be a pulp canal method developed which will do away with all uncertainty in treating pulpless teeth. The trouble is that there is too little time spent

Ordinary Pluggers Will Not Do

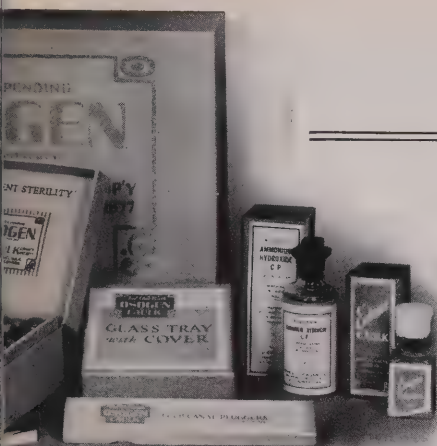
THE metal in the Freepas Non-Corroding Pulp-Canal Pluggers is a private alloy made especially for use in contact with plastic Osogen. Hence there is no corrosive chemical action on the pluggers when packing plastic Osogen into the canals. Long mounted only, in three sizes. Five Pluggers to the box at

\$1.00 or 20 cents each.



IN THE package illustrated. Of Fluid and 24 vials of Osogen. Each vial contains one cubic centimeter. Each vial weighs one gram. This method of persistence and working properly. Separate packages contain instructions also ready for quick delivery

Price per



ABLES OF THE OUTFIT



in studying the anatomy of root canals, which is fundamental.

Instead there is a tendency to be lopsided. Now it is streptococci and focal infection, another time it is ionization, then it is denuded cementum, and so on through the gamut of technicalities.

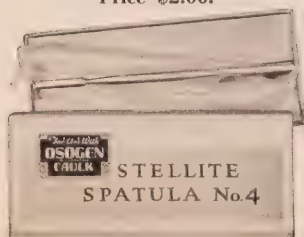
When the decision is to treat teeth then comes the next important question: which is the most practicable method? The more you study Osogenation the more convinced you will be that it offers a procedure solidly based upon scientific facts which can not be successfully refuted.

Not only that but the details of treatment are planned in an orderly fashion. Each successive step follows in a logical order, thereby eliminating guesswork. No longer can the Osogen method be termed new and untried for those many, many dentists who long ago adopted it are just as positive of its practical value to them as they are of any other dental product also employed daily in their offices.

Nickel or Steel Spatulas Can Not Be Used

THIS convenient small size genuine Stellite Spatula is recommended for exclusive use with Osogen so that there will be no chance of causing a change of color in the mix.

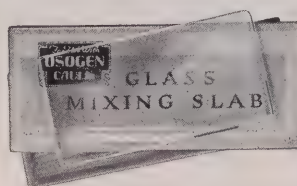
Price \$2.00.



For Your Convenience

A BOTTLE of Ammonium Hydroxide is included in the Osogen Outfit for your convenience. It has two important uses: (1) To alkalinize hydrogen peroxide, and (2) To decolorize dentin if stained by residual peroxide in contact with Osogen Fluid.

Price 40 cents.



Reserve Solely for Osogen

THIS glass mixing Slab is recommended to be kept apart and used exclusively for Osogen—and for no other purpose. No other dental operation requires greater cleanliness than Osogenation. This slab has been particularly designed for Osogen and is much smaller than others.

Price 45 cents.



Keeps the Mix Covered and Protected

THIS inexpensive accessory serves the important purpose of keeping the plastic Osogen protected from dust and to prevent too rapid setting.

The second basin in the Tray provides a clean covered receptacle for Osogen Fluid during the preliminary sterilization of the canal.

Price 75 cents.

disappear from about the apex and undoubtedly this case will come to a satisfactory conclusion."

2. "You should expect to see some repair in about three to six months."

The radiograms clearly show that these predictions have been fulfilled. Comparison of radiograms 2 and 3 shows that in six days a considerable part of the excess Osogen was absorbed and after five months the excess has disappeared. This is one of the striking properties of Osogen which distinguishes it from other root filling materials. The still plastic Osogen forced beyond the apex mixes with the apical exudate which dilutes the magnesium chloride and so prevents setting of the excess Osogen, while that in the canal is protected against admixture with water and sets normally.

Dissolution of the excess Osogen is accompanied by beneficial results. If the excess is quite large, as in this case, there is apt to be an inflammatory reaction which soon passes off. In the meantime the area is sterilized and alkalinized by the Osogen. Contrast this action with an excess of chloropercha which is inert, having no germicidal or alkalinizing action and remaining in place as a permanent mechanical irritant.

It is not always possible to prevent overfilling with gutta percha and if the tooth is overfilled with this material there is an interference with tissue repair which can only be obviated by apical curettement. Moreover, gutta percha is an inert filling having no germicidal properties and exerting no secondary or follow-up sterilization.

There should be no mistake about overfilling. Where there is no area it is essential to fill to, or slightly short of, the apex. But where there is an area slight overfilling is stimulating and beneficial.

For some years we have been repeating these facts concerning Osogen as a filling material. As one writer once put it, "it looks too good to be true." Here is the personal experience of a dentist which is not only confirmation but in which the result was literally predicted from a radiogram.

Does this case not prove that root canal work can be done in a scientific manner? When it is possible to predict results then surely have we graduated from the hit and miss root canal work of the past.

An Outline of the Causes and Treatment of Pyorrhea

*Pyorrhea is not a specific disease
It is rather a complex of symptoms*

A *Primary Cause: Irritation* { 1 Mechanical
2 Bacterial (secondary)

- | | | |
|---------------------------------------|---|--|
| 1 Cause of Mechanical Irritation..... | { | 1 Tartar { a Salivary
b Serumal |
| | | 2 Faulty dentistry (fillings, crowns, bridges) |
| | | 3 Traumatic occlusion |
| | | 4 Injury (tooth brush bristles, tooth picks, etc.) |
| 2 Cause of Bacterial Irritation..... | { | Infection following irritation, break down of tissue by streptococci, staphylococci, spirochetes, and fusiform bacilli |

B *Secondary Cause:* { Dietetic deficiency in vitamins, calcium and other mineral salts. Diet not properly balanced (excess carbohydrates).

- | | | |
|----------------------------------|---|------------------------------|
| <i>Aggravating factors</i> | { | 1 Lack of massage of gums |
| | | 2 Improper brushing of teeth |
| | | 3 Constipation |

Treatment

- | | |
|---|---|
| 1 Scaling and polishing | 5 Home Prophylaxis: { Mer Dentifrice Brush Massage
Mercitan Lotion Floss |
| 2 Correction of faulty dental work | |
| 3 Correction of malocclusion | |
| 4 Local medication—
Mercitan: { | 6 Diet: Increase milk, fruit, vegetables. Decrease sugar. If constipated add bran (about 2 tablespoonfuls at breakfast time). |
| 1 Fluid. Scavenger. Chemically removes necrotic tissue. Astringent. Stimulates tissue. Contact germicide. | 7 Laxatives: Establish regularity by diet and bran but administer castor oil or saline once or twice weekly during treatment. |
| 2 Cream. Germicide and parasiticide. Styptic. Astringent. Analgesic. Deodorant. | |



Important Points

- | | |
|---|--|
| 1 Efficient and practicable pyorrhea treatment requires, for each patient, a proper recognition of the cause. The majority of incipient and advanced cases of pyorrhea can be traced to neglect. Infrequent visits to the dentist, failure to clean the teeth properly, and lack of gum massage are directly responsible for most cases of pyorrhea (the filth type). | A set of instruments approved by the Caulk Research Laboratories is made by The Cleveland Dental Manufacturing Company. |
| 2 Other forms of irritation, caused by faulty dental work and malocclusion must not be overlooked. It must be remembered that the apparently hygienic mouth in which pyorrhea exists may not always have been kept clean so that what is seen may be merely the partly cleaned-up condition of a pyorrhea case of the filth type. | 5 Experts on pyorrhea differ in their opinions as to whether therapeutic aids are necessary to operative treatment. In all cases of pyorrhea weakened and infected tissue is present. Smears from pyorrhea cases show spirochetes, fusiform bacilli, streptococci and staphylococci as the principal invaders. Mercitan has for its object the destruction of necrotic tissue; sterilization and stimulation of weakened tissue. Hence, it aids the dentist by speeding up recovery and greatly reducing the need for surgical interference. |
| 3 Alveolar atrophy must be distinguished from other types. Radiograms are useful. In these cases, a quart of milk daily, fresh vegetables, fruit, and whole wheat should be recommended. | 6 Treatment of pyorrhea will succeed only when the patient understands something of the cause of pyorrhea and practices daily mouth hygiene as taught by the dentist. Brushing, employing floss, and vigorous gum massaging should be insisted upon as absolutely essential. When treatment is completed the patient should be urged to return for a thorough prophylaxis twice a year. |
| 4 Emphasis must be placed upon the need for thorough scaling to remove both serumal and salivary calculi. Serumal calculus is best located by trans-illumination. No tooth should be neglected. | |



MOST cases of pyorrhea can be diagnosed as being of the filth variety—the result of indifferent neglect in maintaining normal hygienic conditions in the mouth.

It is this type of pyorrhea that responds quite promptly to Mercitan Treatment when the operative procedure at the chair is carefully followed and correct home treatment is instituted at once after the first visit.

How to get this active cooperation of the patient from the very first, however, is generally the greatest obstacle. Of course there is no one tried and true method to be employed in all cases. It depends altogether upon the patient—his intelligence or reasoning capacity.



If you size him up as being capable of following you in a frank discussion of the causes of pyorrhea in this particular instance then the chances are no blood and thunder tactics need be

Pyorrhea of the Filth Type Conquered in Four Treatments With Mercitan

resorted to. However it is frequently even advisable to exaggerate the consequences of further neglect with these more enlightened cases. At least such exaggeration will do no harm.

But when you are dealing with a patient below the average in thinking capacity then the sky is the limit in emphasizing the urgent need for cooperation at home.

The end gained will justify the means employed, no matter how you do it.

This case illustrated herewith presented with a very foul and badly neglected mouth. Fortunately he was capable of reasoning out the causes which brought about pyorrhea in his case.

Radiographic examination revealed a root in the upper left first molar region. Otherwise periapical conditions were normal. Oral examination showed a neglected mouth with heavy accumulation of tartar and filth, the patient having neglected his teeth for over two years without visiting a dentist.

Height 5 feet 5½ inches, weight 184 lbs., age 57, occupation real estate salesman.

Diet: no milk, considerable fried foods, fruit generally once a day, considerable sweets and pastry. Bolts food and smokes excessively and complains of a "bad stomach."

First Treatment. Teeth were scaled and strong Mercitan Fluid applied into all deep pockets and crevices. Instructed the patient in the following home treatment of the mouth and also advised a dose of castor oil, and change of diet to include more milk, vegetables, and fruit.

"Apply Mer Dentifrice to the tip of the finger or rubber finger brush, and rub the paste upon the teeth until all spaces between the teeth are filled. Then massage the gums thoroughly all around, both upper and lower. After massaging the gums, scrub the teeth with a good brush. Work the bristles in between the teeth. Continue brushing until all taste of the tooth paste is lost. Next, take about a teaspoonful of Mercitan Lotion, full strength, into the

Clean Teeth as an Asset

TEETH are for use. That use is to break up food, mix the saliva with it, and so begin the process of digestion. The proper chewing of food is the first step towards its digestion and its later building into body tissue.

Food is the material that nourishes and sustains the body; it becomes a part of the body itself. Do you not see how important it is that this food be properly prepared by the teeth for the further processes of digestion?

In making a cake, you would not put your flour, butter, baking powder, eggs and flavoring in a pan and then into the oven, without properly mixing them, and expect them to result in a good cake. All of the ingredients for a good cake are there, but if the mixing

The third of the series of papers being published with the permission of the Chicago Dental Society. This paper may be read before High School Students.

process has not been properly done, some member of the family to whom the cake is served will want to know if hard-tack is again an article of diet. Just so with the body. You can take in as food the proper ingredients to nourish the body but, if the mixing is not properly done, the result is not what it should be. The body weight must be sustained, and enough food material must be assimilated to replace the tissue lost by use.

If you should be so unfortunate as to discover that you had head lice, you would be greatly concerned and would institute prompt measures to correct the trouble,

although about the worst thing those little creatures would do would be to cause an annoying itch. If your face and hands are dirty, you know that the condition must be corrected before you will be acceptable to the public. If your clothing is soiled or out of repair, if your hair is uncombed and your shoes uncared for, you know that each must have your careful attention if you are to be successful in business.

But what about a filthy mouth, alive with active germs; a veritable sewer of decaying food? What about the teeth broken down and decaying like so many rotten apples in a barrel? What about a foul breath polluting the air of the room in which you work? With every cough, every

(Continued on page 10)

mouth, close the lips over the bare finger tip and (more gently this time) massage the gums over the roots of all teeth. This will cause the Mercitan Lotion to pass under the free margin of the gum and into the 'pockets,' which have been emptied by the heavier massage previously done with the Mer Dentifrice. Clean all interproximal spaces once daily with dental floss, working a little Mer Dentifrice between the teeth before scouring with the floss."

Second Visit. Patient returned a week later stating that his "bad stomach" was much better. The teeth were scaled again, polished, and strong Mercitan Fluid used in all pockets.

Third Visit. Third Week.

Hypertrophied tissue in several interproximal spaces removed surgically. Strong Mercitan Cream applied in all pockets.

Fourth Visit. Fourth Week. Weight reduced to 179 lbs. Patient's general health much better. Has not required any laxatives. Mouth condition very much improved. Still some inflammation about the lower anteriors. Mild Mercitan Cream applied.

Fifth week. No treatment necessary. Final photograph taken. Comparison of the two photographs before and after treatment shows the result accomplished. The patient shows a corresponding improvement in general health due to rigid adherence to the dietary recommendations.

Clean Teeth as an Asset

(Continued from page 9)

sneeze and every syllable, you infringe upon the rights of your companions and force upon them an odor and uncleanness against which refinement, common sense and good health rebel.

With the thoughtless and the inconsiderate, with the selfish and the careless, with the untidy and the ignorant, dirty, insanitary mouths are the rule. Most persons who have them would rather spend an hour in washing the face, combing the hair and manicuring the nails than to spend a few minutes with the toothbrush, and an hour or so in the dental chair every six months. The condition of the mouths of the majority of mankind is deplorable, and the only remedy for this evil is to awaken the public from the sleep of dental neglect and present the truth of the sanitary mouth.

Daily brushing of the teeth, regular visits to the dentist, repair and care of the teeth are essential to good health. Physical, mental and moral ideals are better attained when the teeth and mouth are kept in proper condition.

Whatever promotes good health tends toward the building up of strong, solid, healthy teeth. Fresh air, sunshine, well chewed and nutritious foods, good hygienic surroundings, plenty of sleep, good habits—these are the essentials needed to produce good tooth structure.

Good teeth having been acquired, care is necessary in order to preserve them during life. If the teeth are not good, if they are

soft, decay easily, or are defective in any degree, they require even greater care. But, with proper care, even poor teeth may be preserved almost indefinitely.

Until within the last few years dentistry has concerned itself chiefly with repairing the damage done to the teeth by decay, and with replacing the teeth with artificial ones when they are too far gone to be saved. Today we have a progressive dentistry that aims to prevent dental disorders rather than to cure them.

To keep the teeth clean, highly polished and free from sharp angles, irritating deposits or whatever tends to invite disease and cause decay, is the most useful field for the dentist. In other words, modern dentistry tries to put the mouth into hygienic condition and keep it that way.

The special method employed to bring about this hygienic condition and to maintain it after it has been brought about, is known as prophylaxis—oral prophylaxis. Oral refers to the mouth; prophylaxis means warding off or preventing disease. Oral prophylaxis, then, means treatment for the prevention of dental disorders, of diseases of the mouth and teeth, and of conditions in the mouth tending to cause diseases in other parts of the body.

So important has this preventive idea become that there are now, in many cities, oral prophylactic specialists, who devote their entire time to the practice of this important branch of dentistry.

Read How This Newspaperman Looks Upon Dentists

The following editorial is taken from the *Baltimore Sun*, July 14, 1927. Several thoughts are presented in it that may be of especial interest to you. At least the article is decidedly readable.

Dentists

ALMOST everybody is associated at one time or another with a dentist. The extent of the acquaintance depends upon the temperament of the individual. It depends upon whether you prefer to be hurt a little about twice a year or a whole lot once every four or five years. Some people go to a dentist out of a sense of duty and find pain waiting for them, while others go from a sense of pain and find relief. Oddly enough, the dentists tell us that those who anticipate pain are the wiser. Dentists have an unpleasant way of proving that what you don't know may hurt you.

Dentists may be roughly divided into two classes, the optidentists and the pessidentists. Optidentists, just before they bore into a sensitive spot, have a way of saying "Now I'm not going to hurt you." Pessidentists, on the other hand, say "I'm afraid I'm going to hurt you a lot." Both are almost invariably wrong. The patient may take his choice be-

tween the pain of anticipation and the pain of actual experience.

No one questions the Americanism of dentists in spite of the fact that they are enemies of free speech, apply the gag continually, interfere with the pursuit of happiness, employ instruments of search and seizure, jeopardize the root if not the limb and are often suspected by those who patronize them of inflicting cruel and unusual punishment.

Some dentists advertise "painless extractions." This, however, is not meant to include the bill. Dentists are also by way of being moralists. They give evidence that many a tooth pays for its crookedness. According to the dentists' code, the sins of the children's teeth are visited upon the fathers.

The best dentists pride themselves on keeping their instruments and their offices up to date. Too often the same cannot be said of the literature they provide in the anteroom. But whatever may be said against them, dentists have many virtues. Had the great George Washington himself lived today and patronized them, he might have escaped the one incident of his career that his greatest admirers are forced to admit was false.

The creed of oral prophylaxis is that cleanliness is the salvation of the teeth. A clean mouth and clean teeth mean a healthy mouth and healthy teeth, and, as a natural consequence, a better and more resistant physical condition generally.

It is estimated that seventy-two men, women and children die every hour in the United States from diseases that might be prevented; and it is known that many of these preventable diseases have their origin in an unclean condition of the mouth and teeth.

The aim of oral prophylaxis is to do its share, which is a large share, in the prevention of this needless loss of life, to do all for the mouth and teeth that is conducive to a state of general well being, and to keep that part of the digestive tract that is under the dentist's control in a normal, healthful condition.

How is a person to do his share

in the work of maintaining the health of his mouth and teeth? Certainly not by the ordinary thirty-second lick and promise cleaning methods indulged in by most of those who use the toothbrush. In the first place, it must be understood that the purpose of cleaning is not merely to make the front teeth fit to be seen, but to make all the teeth, on all their surfaces, positively clean. This requires intelligent and conscientious effort, regularly and faithfully applied.

Make the cleaning of the teeth as necessary to your comfort as the bath or the washing of the face and hands. It is far more important. Take plenty of time. Ten to fifteen minutes a day is none too much time to spend on this most important task. Make a duty of it.

In spite of the best care you are able to give your teeth, lime deposits will slowly form on them,

and some decay may take place. Therefore, it is necessary to visit the dentist at regular intervals. The frequency of these visits should be governed by the needs of the individual, and this should be left to the judgment of the dentist. In very few cases should these visits be less frequent than twice a year. "A stitch in time saves nine."

The common notion is that a tooth having a dead nerve or pulp can ache no more. This is a mistake. A dead pulp in a tooth is dangerous and is a menace not only to the health of the mouth, but to the health of the entire body. From all dead matter poisonous gases are given out. Medical science indicates that this very thing often paves the way for tuberculosis and a general undermining of the health.

To one who knows how vile a dead pulp becomes, the very thought of having one in the mouth is sickening. How will there ever be pure air in homes, schools, theaters and business houses, when with every breath from such mouths these poisons are poured into the atmosphere?

If, instead of escaping into the mouth, the poisonous gases from a dead pulp pass out through the end of the root, the tooth then becomes sore; the face swells and pus bores its way out through the bone and gum, forming the so-called gumboil. Under such a state of affairs no one can be well; a veritable poison factory is within the mouth.

Many persons who are constantly ill and under the care of a physician are simply the victims of poisoning, due to neglected teeth. The troubles commonly called "nervous diseases" are often due to these causes, as is also rheumatism.

Another condition to which neglected teeth are subject is loosening, owing to deposits of lime in the form of tartar and to collections of decaying matter that are allowed to gather and remain on the teeth. These cause the gums to swell, become tender, bleed easily, and gradually waste away, together with the bony sockets that hold the teeth in place.

This is a very serious condition, preventing the proper chewing of food because of the tenderness of the teeth and gums. The teeth themselves become filthy, pockets form between the gum and teeth, and in many cases pus is swallowed. The health is thus undermined by two enemies, which aid



Here's a Replacement Offer of Exceptional Interest to You

THE Shade Guide illustrated herewith can be of invaluable, practical service to you in selecting Synthetic Porcelain shades. It includes an assortment of fifteen shade-teeth made from actual mixes of Synthetic Porcelain powder and liquid.

If your Shade Guide is not in a good usable condition, or if it has only twelve shades, then you will be interested to know that a special replacement offer will be made to you.

For details please write to the Caulk Laboratories in Toronto, Ontario. Just say "Tell me how I may exchange my old Shade Guide for a new one."

one another; one by preventing proper preparation of the food by the teeth, and the other by converting much of it into poison. The trouble I am speaking of is called pyorrhea alveolaris. If this trouble is attended to in its early stages, the loose teeth will tighten and be restored to perfect usefulness; but, if it is neglected, the teeth will fall out and thus bring disaster.

Here again absolute cleanliness is the great preventive. Teeth that are kept absolutely clean cannot possibly get into this distressing condition. This disease, in common with most of those to which the human flesh is heir, is much more easily prevented than cured. Those who are threatened with it, or suspect it, should lose no time in putting themselves under the care of a competent dentist, and then should diligently follow the instructions given.

If I should tell you that in a certain place there were eight men taken from an insane asylum to a dentist, because their teeth needed attention, and that six of them were released shortly thereafter because they became sane after their teeth had been treated, you might think I was making an ex-

aggerated statement. Yet that is true. Six of the eight men became sane. If I should tell you that a blind person was taken to a dentist, and, when his mouth was put in proper condition, his sight returned, you would wonder what the teeth have to do with the sight. If I should tell you that a woman was paralyzed on one side of her body, and, when her mouth was put in good condition, the paralysis disappeared, you might marvel and wonder what that had to do with the teeth. But you know the cause of these troubles from what you have been told about the abscessed tooth.

Now do not think that every blind person, or every paralyzed person, or every insane person could go to the dentist and have his teeth attended to, and then have his sight returned, health restored, or become sane. It happened that the trouble in the cases I spoke of was of dental origin.

Our much loved and honored President Roosevelt, in spite of a career replete with deeds of valor, which proved his courageous manhood and his ability of standing firm in the face of any foe, mental or physical, fell a victim to an abscessed tooth. It was discovered

too late, and he paid with his life the penalty of poison from neglected teeth.

A man is known by the teeth he keeps. You may not have formulated your feelings into words, but you cannot look into the face of any human being when the lips are parted and see decayed and neglected teeth without having a feeling of repugnance toward that person. If you see men and women with good, clean teeth, you will feel that they are clean, healthy people. A clean, well-cared-for mouth is sure to command respect. Clean teeth are an irresistible asset in any person's stock in trade.

The manager of a large St. Louis concern sent one of his best salesmen out to get an order for \$50,000. He found out that the order was lost because the salesman, when arriving at his destination, had an abscessed tooth which was so painful that he was not able to attend to business. The salesman went to a dentist to get relief but was so weakened and distressed that he could not call on his customer, and some one else got the order. The manager said: "No salesman hereafter shall go out for this establishment unless his teeth are in good condition."

The dentist is often asked, "How often shall I clean my teeth?" One lady asked this recently of a dentist.

Knowing that she cooked her own food, he said, "How often do you clean your pots and pans and cooking utensils?"

"Why," she said, "as often as I use them."

"Then," replied the dentist, "that is how often you should clean your teeth."

Remember to keep the teeth clean, all of them, on all their surfaces, all the time.

Do not forget that clean teeth, well cared for, and food well chewed, are accompaniments to good health, a sound body, efficient service and a competent mind.

Just inside the threshold of the "Two Lips" of a person's beauty, nature has placed two rows of pearls, pearls of inestimable value, pearls whose equivalent cannot be bought at any price. They are jewels beyond compare, and you should value them beyond riches for, once lost, the world's billions cannot replace them. Love them, care for them, keep them clean. They are your birthstones of good health, and, well guarded, mean your success and happiness.



Set Your Next Pyorrhea Patient to Using Mercitan Lotion at Home

JUST before dismissing your patient explain how essential it is that the home treatment be carried on faithfully if there is to be a prompt improvement in the mouth condition.

Then insist upon the use of Mercitan Lotion—the mouth preparation that was originated by a dental research staff that knows the specific requirements. You will quickly discover that this home treatment actually continues your professional treatment and hence there is bound to be a far more rapid improvement shown.

CAVITY PREPARATION FOR AMALGAM

CANADIAN EDITION

MILFORD NEWS

NUMBER

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Dental Edition
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Also in this Issue

Osogen and Synthetic Porcelain Combine to
Restore These Teeth

Let Your Watch Count the Three Minutes



Mercitan Tampons

WHEN a case of pyorrhea presents do you experience a slight feeling of misgiving as to the probable outcome of your method of treatment?

Have you ever felt that you would prefer such patients to pass you by?

Wouldn't you be likely to commence treatment with a great deal more confidence if you knew that your cabinet contained a treatment which more than fifteen thousand dentists had found of exceptional practical value?

From our own clinical experience and observation covering the treatment of case after case of

pyorrhea we can not help feeling that you, too, would discover in Mercitan a remarkable aid.



Mercitan Treatment Tray

It's an important fact to you that Mercitan Treatment has given a most reliable service to its users for the past six years. And today it holds out to new users the same kind of performance that has so successfully withstood the

most severe tests possible—actual everyday use in private practice.

Mercitan is rapid in action and certain in results. With it you are able to check the progress of pyorrhea at the first visit and then in subsequent treatments to restore the remaining tissues to health.

On this page are illustrated the items included in the minimum Mercitan Unit. Each one has a specific work to do in the treatment.

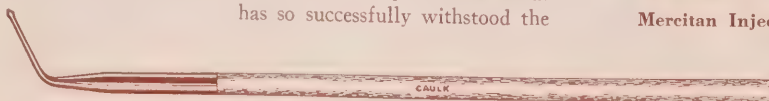


Mercitan Injectogun

The renewal package of medicament contains two jars of Cream (strong and mild) and two bottles of Fluid (strong and mild). There is approximately sufficient Fluid and Cream to treat ten patients, ten treatments each.

The box of Mercitan Tampons contains about three thousand. These tampons are impregnated with the active principle of Mercitan Cream before being packed. They are to be saturated again before using with either the Fluid or Cream.

The Treatment Tray is made of white opal glass. It is arranged with grooves and basins to hold the items in the Mercitan Unit. (Continued on page 10)



Stellite Mercitan Instrument



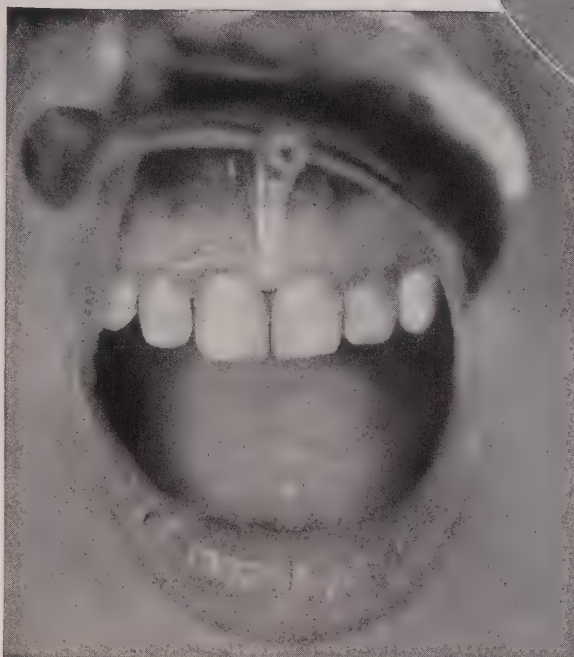
Celluloid Cream Injectors

Osogen and Synthetic Porcelain Combine to Satisfactorily Restore These Teeth

THIS case is particularly interesting to practicing dentists since it presents conditions that are frequently encountered in daily practice.

The patient was a young lady twenty-one years old, single, and in good health. She presented at the Caulk clinic with four badly decayed upper anterior teeth.

Radiographic and clinical examination revealed that all four of these teeth were pulpless. The procedure to be followed, therefore, included first the treatment of the pulp-canals and then the



The pulp-canals were successfully treated with Osogen and the crowns restored with Synthetic Porcelain



This photo shows the appearance of the four anterior teeth at first

Right here is an important operative feature that should always be observed. The plastic Osogen in the canals was covered over with temporary stopping (gutta percha) and patient dismissed for two days.

The reason for this technic is that had Synthetic Porcelain or some temporary or permanent cement been placed in contact immediately with the plastic Osogen there would have been a brown stain resulting at the margins. The interval of two days allowed plenty of time for Osogen to reach its final setting.

When the patient returned she reported that the teeth were comfortable. Synthetic Porcelain was then used to restore the function, contour, and esthetics of each tooth as illustrated in the second photograph.

restoration of the crowns of the teeth.

The regular Osogen treatment was carried through—sterilizing with the Osogen Fluid and per-

manently sealing the canals with the Osogen cement.

TEN Worth-while Precautions



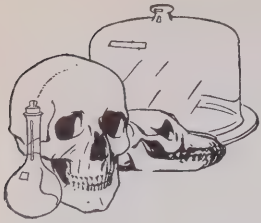
1. Correct cavity outline.
2. No bevels.
3. Protection of pulp against shock, infection, irritation, pressure and trauma.
4. Clean margins.
5. Clean slab, spatula and bottles.
6. No evaporation of liquid.
7. Protection of filling while it is setting.
8. Isolation of tooth.
9. No feather edges.
10. Careful finishing.



Class 3 cavities in the proximal surfaces of incisors and cuspids not involving the incisal angle



Here is the 12-4 Package of Synthetic Porcelain (de Trey's). It contains twelve powders and four liquids. Each bottle is packed in an individual carton. The actual saving on this purchase is \$5.00 so that it is really the economical way to purchase Synthetic Porcelain. As a suggestion have your dealer show you this package. You can obtain any assortment of shades that you may prefer



Right—Laboratory in the Department of Chemistry for qualitative and quantitative analyses of raw materials, chemicals, and dental products



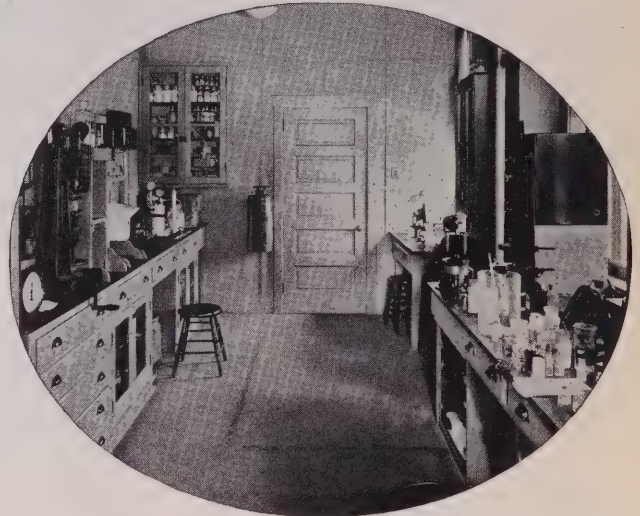
Research Departments of

EACH day in these laboratories Caulk scientists are systematically searching for hidden theories, proving and disproving theories already advanced and then applying the facts gained to the development of dental products to be successfully used by dentists in daily routine practice.

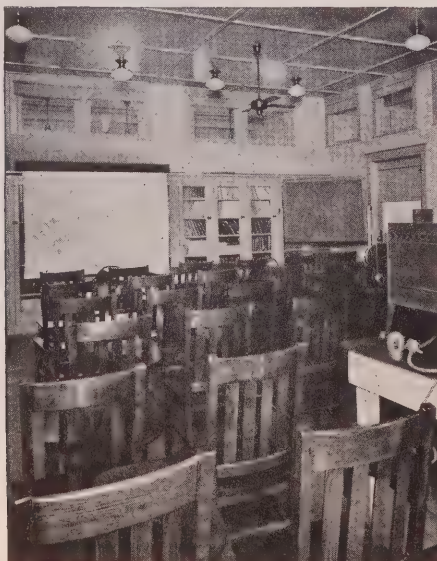
Caulk is and always has been ready and eager to learn about



Above—Chemical Research Laboratory used for synthesis of inorganic and organic compounds and general experimental studies



Above—The third laboratory in the Department of Chemistry used for studying the physical and chemical properties of dental cements



Above—Chemical Library and Lecture Room adjacent to the Department of Chemistry

Below—Physical Research Department in which the notable investigation of dental amalgams has just been completed. Air elutriator for separating powder into varying degrees of fineness is shown on extreme left. Apparatus for crushing amalgam test cylinders on extreme right. Potentiometer used for studying galvanic shock produced by metallic fillings in center

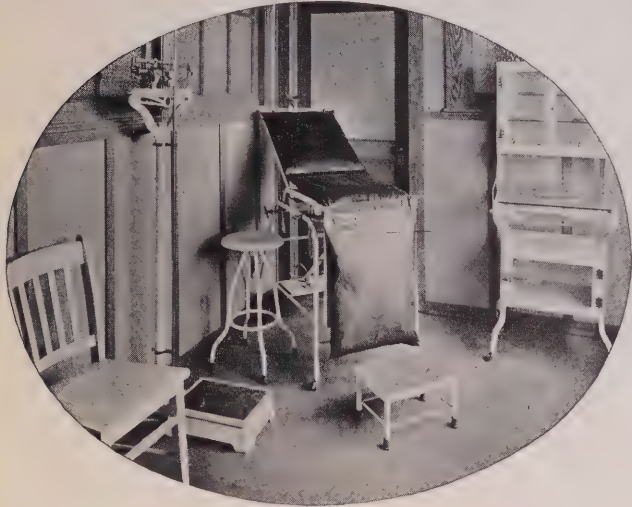


Caulk Laboratories

the teeth and related subjects from anyone. But it is not willing to remain passively idle waiting for someone else to make new discoveries. Obviously therefore the more this company learns about scientific dentistry the greater will be its contributions to the progress of that better kind of dentistry in which you are so vitally interested as a professional man.



Left—One of the operating rooms in the dental clinic, used principally for root-canal work, oral surgery, and experimental filling operations

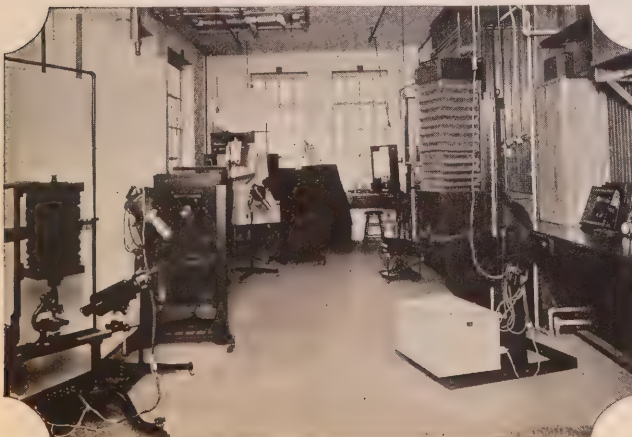


Above—Examination room used for patients suffering from oral infections who require medical examination. Blood and urine examinations are made of every patient treated in the clinic for pyorrhea or infected teeth

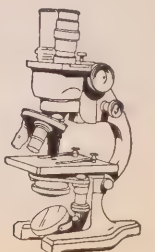


Above—Routine cultures and smears taken of patients having pyorrhea or infected teeth are examined in this Bacteriological Laboratory. Micro-organisms from periapical lesions are isolated and grown in pure culture for inoculation into animals in connection with studies on the relation of oral focal infection to metastatic disturbances. Bacteriologic studies of dental preparations used in treatment by the dentist or by the public are also conducted

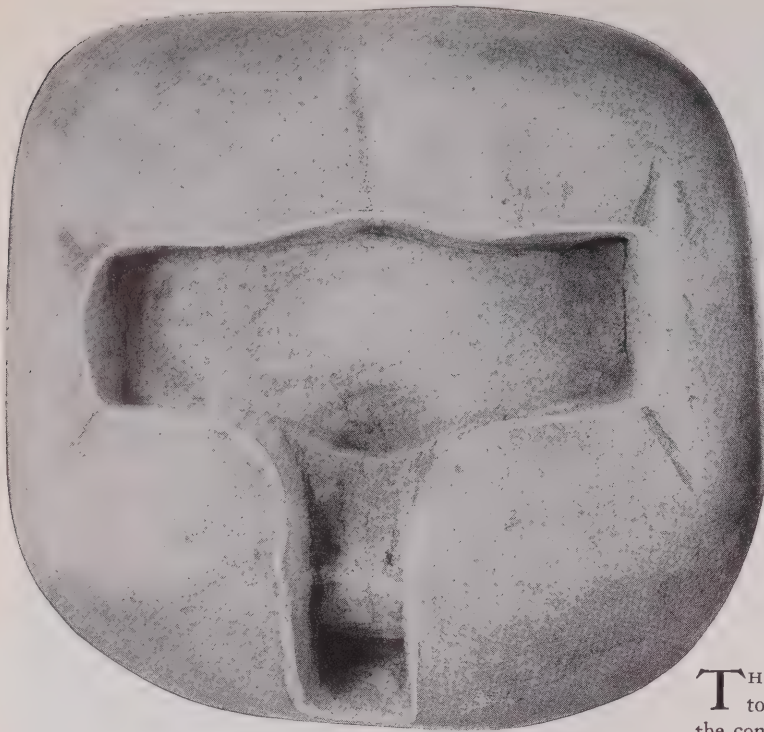
Below—Photographic Studio where all of the photographs reprinted in Caulk publications are made



Above—Pathological Laboratory, showing microtome at the left which is used in sectioning tissues from experimental animals and especially the periodontal tissues. Post-mortem examinations of experimental animals are also conducted in this room. The autopsy table is not shown in the picture



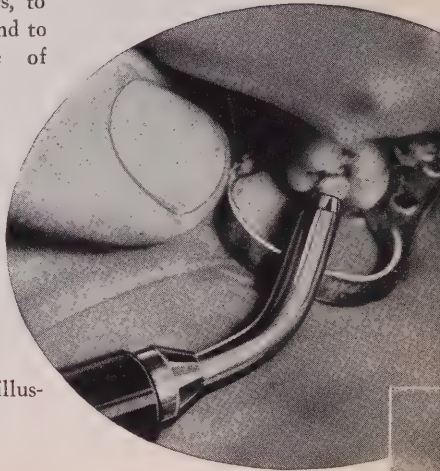
Cavity Preparation for Amalgam



Preparation for Amalgam in a
Class 1 or Occlusal
Cavity

THE objects of restoring lost tooth structure are to arrest the continuance of decay, to prevent the recurrence of caries, to restore full tooth contour, and to improve the performance of function and the esthetic appearance.

Obviously correct cavity preparation is the first step in the successful carrying out of these requirements. And since this preparation is an essential factor in the use of modern filling materials, notably Caulk's, we are particularly interested in presenting these unusual illustrations in *Milford News*.



(At Right) This illustration shows a Stellite amalgam instrument stepping the amalgam immediately after placing in cavity



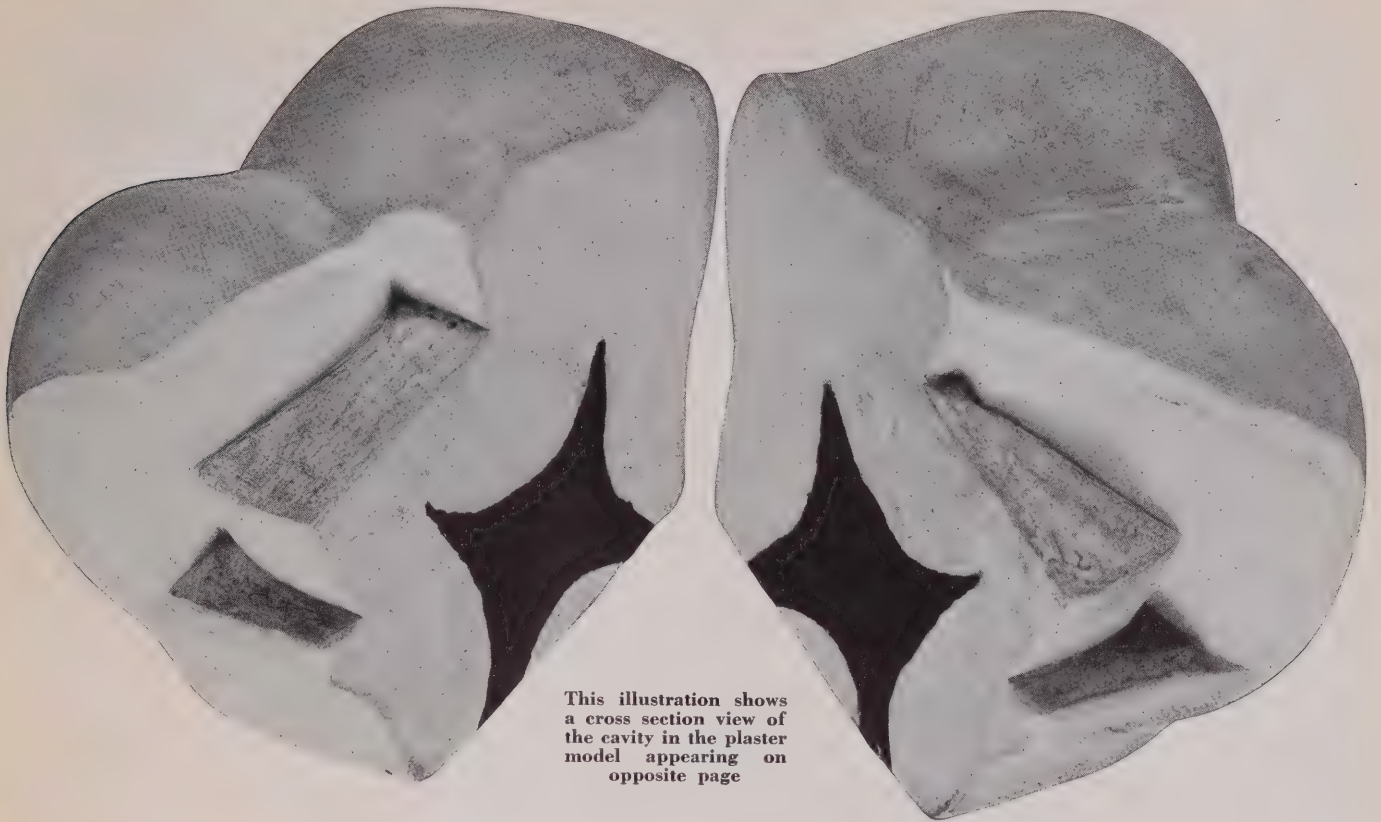
Class 2 or Mo
Cavity

PHOTOGRAPHS of the natural tooth do not illustrate details of cavity preparation distinctly enough. The plaster model serves better to illustrate the principles of cavity preparation for amalgam. Both the natural tooth and plaster model are shown for comparison.



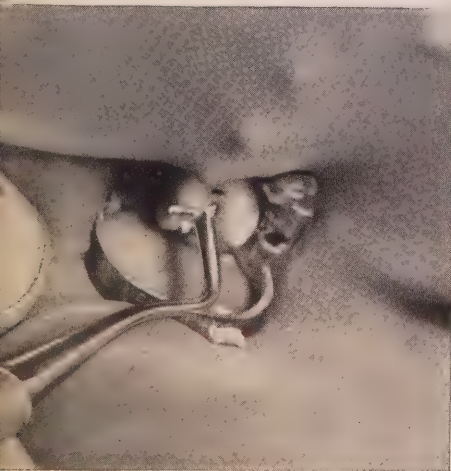
It is true of course that the correct principles of cavity preparation are known and practiced by some dentists all the time, and by all dentists some of the time, but *not* by *all* dentists all of the time.

Dr. Black's principles of cavity preparation are still adhered to by most dental teachers of repute.



This illustration shows a cross section view of the cavity in the plaster model appearing on opposite page

(At Left) The amalgam carrier in the Caulk set of 10 amalgam instruments places each portion of amalgam easily in the cavity



A completed cavity should be a combination of flat walls coming together at definite angles, surrounded by an external line made up of the largest curves permissible. The walls should tend to form a box rather than a sphere. The external margin of the cavity will tend toward the complete circle which is the shortest distance around a hole. The shorter the line around a cavity margin the less liability to secondary caries.

Some variations from the perfect circle is necessary in order that the cavity outline may follow surfaces and positions less liable to decay.



Consequently, a practicing dentist will not go far astray if he follows these principles and then uses the alloy and mercury that are manufactured to meet the requirements of such cavity formation.

Twentieth Century Alloy and Caulk Mercury satisfy every essential requirement in the perma-

nent amalgam restoration. The process of their manufacture gives them a patented purity—absolutely free from oxides and sulphides.

When this purity is maintained throughout the entire filling operation, combined with correct cavity preparation then you are assured of the kind of amalgam

work which will compare favorably with the gold inlay.

The economical side of the use of T. C. alloy is interesting also. Carefully controlled tests prove that it has greater bulk by 22.5% than any other alloy on the market today. This means that a quantity of Twentieth Century Alloy will make approximately

five amalgam restorations whereas an equal quantity of some other alloy can make but four. That's an important item to be considered, to be sure.

T. C. Alloy is distributed in one-ounce and five-ounce bottles. The quantity rates in lots of five, ten and twenty ounces are particularly attractive.

Do You Know The Feeling of a New Denture in The Mouth

How many dentists are there in Canada and the United States who know the feeling of a new denture in the mouth? How many can sense the deep disappointment that comes over a patient when they realize there is a struggle "On their Hands" to master a new den-

ture? This is the ever constant tragedy—sometimes unspoken—of the prosthetic field.

Every denture patient thinks they will have wonderful teeth, beautiful and perfect fitting. If possible this faith should not be broken nor their morale shaken.



Adhesion At The Start For a New Plate Is Necessary

It is the consensus of professional opinion that a patient should get instant suction, at the very beginning, when they first start to wear a new denture. It is the finest technique to sprinkle Dr. Wernet's Powder lightly on the new denture before you put it in the patient's mouth; explaining "It is put there to adapt the tissue and to create confidence". As one dentist said—"If you have to hold a bicycle for a person to learn how to ride, how much more important is it to hold

these new teeth for a day or two until the tissues become adapted to the denture."

Dr. Wernet's Powder is the "Biggest Little Thing" in dentistry. It creates Confidence, Courage and Continued Comfort. It gives adhesion. Allows the patient to eat and talk the first day. A happy way to avoid that old "Week of Torture" when patients come racing back—teeth in hand—with the sad complex of delusion and disappointment.



WERNET DENTAL MFG. CO.

172 JOHN STREET

Wernet Prescription Pads on Request

TORONTO 2, CANADA



Do You Realize The Danger of Unclean Dentures?

An unclean denture is a very dangerous thing. There is no reason for its existence, yet, in every city, village and hamlet, people are walking around, daily, with these unclean dentures in their mouths. Do you

realize the danger? Can you sense what beautiful media unclean dentures are for bacteria? Can you visualize the infection that may start from an unclean denture mouth?



Your Patient Should Be Told

It is only fair to your patient that you should explain to them what a clean mouth means and the danger that lurks in an unclean denture.

They are entitled to this technical information. No denture is complete unless that story goes with it of "How and

Why they should clean their Dentures as often as possible." Dentu-Creme and Dr. Wernet's Dental Plate Brush make a magnificent combination for cleanliness and mouth hygiene. After you see the effect there is no doubt that you will prescribe them for a denture patient as long as you are in practice.



(Left) Supporting the celluloid strip from the lingual. Modeling compound or temporary stopping may also be contoured and used to support the strip on the lingual

(Right) A common fault—peeking under the strip before three minutes are up. The result is the Synthetic Porcelain sticks to the strip and pulls away from the cavity margins



(Right) Material placed and celluloid strip held firmly, thus compressing the Synthetic Porcelain into the cavity.



WHEN the celluloid strip or matrix is indicated in placing a Synthetic Porcelain restoration, fit it into position, fill the cavity and then draw the strip around the filling. Hold it firmly for three minutes. Never burnish over the strip. Burnishing interferes with crystallization and sometimes causes a line of demarcation.

Cocoa butter should not be applied to the strip.

As soon as the filling has set initially, release the pressure and the strip will spring away from surface of filling. Then coat the filling immediately with cocoa butter which has been melted with a warm instrument.

The immediate application of ether-alcohol varnish should be avoided because the surface of the filling may be dehydrated. The evaporation of the solvent from varnish may also cause a cooling of the surface sufficient to result in condensation of moisture.

The cocoa butter is used to prevent loss of water from the surface of the filling and also to prevent moisture from coming in contact with it.

Do not attempt to remove the excess Synthetic Porcelain or to finish the filling before ten minutes have elapsed. Do not use chisels or cutting instruments to remove the excess; damaged margins are sure to result. Use fine stones, disks and strips, well lubricated with cocoa butter. The cocoa butter prevents heat generation by friction, which would cause bleaching of the filling and a roughening of the surface.

When finishing must be completed at the same sitting, always work toward the filling.



(Left) The clean strip springs away from the tooth after being held for three minutes. Cocoa butter should not be used on the strip. Without it the strip will spring away from the Synthetic Porcelain leaving a smooth, glazed surface

Let Your Watch Count the Three Minutes

Don't Peek Under the Celluloid Strip

Hold the strip immovable for three and a half minutes. Don't guess the time. Use your watch. Don't lift the strip to look. Wait, by the watch.

DON'T BURNISH

Don't burnish margins. Burnishing "unsettles" the mix; brings liquid to the surface; interferes with setting—may cause frail margins.

This is just the reverse of the practice for gold fillings.

After final contouring and finishing have been done with finest cuttle-fish disks, a beautiful polish can be obtained by using Caulk Dental Polish applied with hard felt wheels. Use just a trace of the polish. Overloading the wheel or disk makes polishing slower rather than faster.

If the filling is not to be finished at once, which is much preferable, but at a subsequent sitting, coat it with cocoa butter. Then wait ten minutes, remove excess butter with dry pledget of cotton and coat the filling with Repelac.

Do not use a solvent such as chloroform, ether, etc., to remove the cocoa butter. Never neglect to use cocoa butter on abrasives even though the filling is to be finished subsequently.

WHEN YOU GET TO KNOW STELLITE



then you begin to appreciate the worth of its essential characteristic—hardness—in dentistry. It is harder than steel, more lustrous than polished silver; invulnerable to the action of most acids; not affected by heat up to 1800° F.; tougher at red heat than when cold; and needs no process of tempering.

It's an important, practical fact to you that the fine temper which Stellite possesses can be neither altered nor destroyed.

When you examine this complete set of twenty-nine

instruments, all packed in a substantial leather case lined with blue plush, you are struck at once with the pleasing array. There's an air of standardized efficiency about it.

But wait until you start using each instrument in your own office. Then you discover the true merits of the whole set. And most of your operative requirements will be taken care of satisfactorily.

The beauty of Stellite is that it never changes in appearance—never wears out. Once purchased it becomes a life-time companion.

Ask your dealer to let you see one of these sets

The Hazard of the Thin Mix

THE liquid of de Trey's Synthetic Porcelain is not a simple phosphoric acid, but a complex aluminophosphate entirely different from free phosphoric acid in its physiological properties.

Synthetic Porcelain is so constituted that in its hardened state it does not contain free phosphoric acid and therefore has no detrimental effect on the pulp.

There is a condition, which applies to all fillings of a cementitious nature, when irritation of the pulp may occur if the mix is too thin or if the cavity encroaches too closely upon the pulp. Clinical experience also shows that in most instances pulp death is caused not by acid irritation, but by the presence of infected dentin under the filling.

Under such conditions any kind of cement filling might be a contributing factor of pulp irritation, and consequently the safest procedure is to protect the pulp in every case by lining the cavity with Caulk Repelac or Thymozin.

Emphatically the operator should be particular about the consistency of the mix, and to duplicate in all cases the consistency represented by Caulk Consistency Standard. This is important because the full measure

of physical and chemical properties of Synthetic Porcelain can best be brought out by the proper combination of powder and liquid.

Select Just One Pyorrhea Patient

(Continued from page 2)

The Injectogun provides an efficient method for forcing the Mercitan Cream deep down into the pockets where the Cream must reach in order to carry out its full germicidal action.

The Celluloid Injectors are a part of the Injectogun method. They are filled with the Cream and then placed individually in the rubber cap of the Injectogun. There are one hundred injectors and corks in each package.

The one feature about Mercitan that is most attractive to dentists is the remarkable speed with which it carries a pyorrhea case to a gratifying conclusion. Other methods of treatment are known which will bring about successful results but they require visits without number for the patients, often resulting in a discouraged cessation of further effort.



Delaware Pill-Rollers Enjoy Frolicking Holiday at Caulk Laboratories

THE State pharmacists journeyed to Milford on September 14 to give the Caulk Laboratories the once-over again. If Johnson's Boswell had been following this bunch all day with his handy notebook he could have picked up enough wise-cracks and other pithy sayings to have filled a best-seller.

They came here at our invitation for a holiday and, to make a long story short, they certainly made the most of it.

The one thing that seemed to impress these pharmacists most about the laboratories was the

magnitude of the manufacturing operations. All of them had at some time passed by the Caulk buildings but for some reason failed to appreciate the enormous size of the plant on the inside.

Naturally they were particularly interested to inspect the manufacturing department of the Pharmaceutical Division. Here they saw the manufacture of Mercitan Lotion, Mer Dentrifrice and Mercirex being carried through the various stages until the finished products were stored away waiting to be placed on sale later in their drug stores.



FREE
from
Powerful
and
Irritating
Drugs and
Chemicals

FREE from powerful and irritating drugs and chemicals is a notable feature of Mer Dentifrice. You know how important that is from the standpoint of not injuring the mouth tissues. But the pure soap-content of Mer Dentifrice combined with the safe action of its other ingredients makes a tooth-paste that cleanses in a perfectly natural way—without the slightest chemical or mechanical destruction to the tooth structure and mouth tissues. The more you consider this point the better you'll like Mer Dentifrice.



If You Do Not Decide--

WHAT should a drug-store clerk be expected to know about dentistry? And yet unless you are specific in prescribing Mercitan Lotion to your pyorrhea patients they must rely upon the selection of some one who knows only the printed labels. It pays to be specific in your instructions to the patient. For then the home treatment with Mercitan Lotion continues your professional treatment between visits

CANADIAN EDITION

MILFORD NEWS

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NUMBER

69

Dental Edition

75,000 Copies

The 3-shade package is illustrated. It contains three full portion powders and two full portion liquids in individual cartons. The shades of powder in the regular package are 3, 6 and 15. Any other assortment as desired may be obtained. Price \$11.25



ONE WAY TO SOUND TEETH AND
HEALTHY GUMS



An actual photograph showing how Mer Dentifrice sticks to the brush throughout the entire brushing operation

Can a Tooth Paste Cleanse if it Doesn't Stick to the Brush

It's generally agreed, by dentists at least, that the sole function of a tooth paste is to cleanse. But suppose it doesn't resist solution long enough to see the cleansing operation through?

That's a mighty important thought. If the paste disintegrates and washes completely away after the first stroke or two of the brush then whatever cleansing action it may or may not possess is of no practical value.

But look at Mer Dentifrice. Its one pre-eminent property is its cleansing action—in a perfectly natural way. If you will use it



personally then you will be struck by the manner in which it resists solution.

Extend the brushing as long as you please and there will always be a plenty of paste remaining on the brush.

You know that it takes time—more than a minute or two—to dissolve the greasy deposits on the teeth. Hence, Mer Dentifrice has been made to stick right on the job until the brushing is over. Then it washes completely away leaving no residue.

Teeth cleaned with it are naturally cleaned.

MER DENTIFRICE

ONE WAY TO SOUND TEETH AND HEALTHY GUMS

ONE of the most difficult jobs put up to the dentist is to get patients out of the habit of skimping the mouth. That probably explains why some dentists are indifferent to the mouth prophylaxis idea. Precious moments wasted on some lazy scalawag—that's all.

Recently we had a case in point. A flabby, overweight, ailing, too well-to-do lady came for dental advice. A solicitous husband brought her in. He had been greatly benefited through the elimination of focal infection and by instructions for building up the general health. So he hoped to likewise benefit friend wife.

The case history was typical of her appearance. Nothing more definite than aches and pains in the back, neck, and all over. Hated to get up in the morning; always tired. The physical and dental examination revealed nothing more.

Here was a typical case for a talk on diet and physical exercise.

"Why, I can't drink milk; it makes me too fat" was the first crack. So we suggested leaving off the candy, desserts, and fried potatoes. That didn't sit well; but hubby grinned. It was a hard tussle.

"How about physical exercises?," we asked.

"Oh, I have enough to do all day" was the reply. We stuck to our guns and went through till we hit a snag.

The publication of this interesting article on the way to sound teeth and healthy gums is particularly timely. There are unmistakable signs in the dental profession that a great deal more attention is being given to overcoming the indifference of patients in properly caring for their mouths. It's a big field to work in. The more emphasis that is placed by the dentist upon thorough mouth hygiene by the individual the more evident will be the need for that better kind of dentistry in which every dentist is so vitally interested.

This article is written in a form that should appeal to the patient. The ideas presented may be easily lifted and incorporated in a paper to be read before almost any audience.

"How long does it take to do these exercises?," she asked.

"About three quarters of an hour daily," we insisted.

"I haven't the time to do it," she said with cold finality.

Undismayed we reminded her that she wanted to get rid of the neck and back pains, to reduce the abdomen, to get more pep, to feel good in the morning. But no go—the clash came when we

reckoned up the hours spent in social gossip and bridge.

So we were compelled to tell the lady that the best thing was to go to a sanatorium for three months where other people could do the *work-out* for her.

Discouraged are we? Not by any means. We think the stuff sinks in. At least we know that she will be back as others of that type come back. It is only a

matter of time. Nor is the need for sermonizing limited to women. Chasing trolley cars or catching the 5:15 is about all the exercise most men get.

What is true of the body is likewise true of that important part of it, the mouth. Do not the newspapers carry propaganda to tell the story of mouth cleanliness? Why should the dentist waste time on it? And—is he not reflecting upon the intelligence of his patient to suggest even that there is room for improvement?

The trouble is that the public gets the wrong idea from most dentifrice advertising—the idea that a dentifrice is a creation for the lazy. Most advertising conveys that idea by pronouncing sure death to the microbes of decay; by picturing a movie queen with pearly teeth!

Did you ever see an advertisement that described how one of these queens begat such precious pearls, the time spent in daily care and the scrupulous attention be-

**There's only one way
to Sound Teeth
and Healthy Gums—
Constant Care that means
Work for the individual**

stowed upon this precious heritage by some dentist, somewhere? No! All the public gets is the idea that this miraculous dentifrice did the job and the queen is willing to admit it. For such is the stuff of which advertising is made.

The patient coming to the dentist for pyorrhea treatment is in for work. Nor is the *work* limited

to pyorrhea patients who happen to need it most. Our experience is that almost everyone, including dentists, need encouragement. So many times have our dental friends written us, or asked questions, regarding our attitude on dentifrices that we have decided to tell the story in *Milford News*.

We have little encouragement to offer the *lazy* dentifrice, *danger zone* or *acid mouth* propaganda. We have only the gospel of *work*, coupled with the dentists' periodical care and the use of efficient and harmless dentifrices.

Have we not all seen clean labial surfaces of the anterior teeth in the presence of interproximal cavities? Do not gingival third cavities usually reveal the lack of elbow effort? Or, are microbes so intelligent that they show a selective affinity for certain surfaces of the teeth? Is acid skilfully squirted to these vulnerable spots? Is it not a matter of common sense and observation that all spots of decay are surrounded by the evidence of indifferent cleansing?

Acids produced by microbes of decay cannot be made harmless by superficial contact with alkalis. The microbial matter harboring the acids must be mechanically removed by cleansing, not through quasi-neutralization with chemicals.

Swishing the mouth with a wash will not make gums hard even though they are puckered-up by astringents. For years zinc chloride and other astringents were depended upon to shrink spongy and bleeding gums. It is now recognized that flabby, spongy and bleeding gums cannot be restored to a hard, pink, normal condition by such local application. It requires *work*; daily unremitting massage. Not black magic, but stimulation by vigorous exercise of the gums through massage and mastication.

Let us not assume that the tooth paste and mouth wash are to be scrapped. These are just as essential to mouth cleanliness as the tooth brush, floss and finger brush. The modern tooth paste should primarily be an efficient cleanser. Other factors are secondary although desirable. A mouth wash should be a germicidal astringent. To be sure other therapeutic properties may be incorporated but neither the tooth paste nor mouth wash should contain substances which are mechanically or chemically destructive to tooth enamel

or mucous membrane.

Dentifrices should be agreeably flavored and deodorant so that the patient will secure refreshment as well as cleansing action as a reward for the effort of application. Children should not be repulsed by disagreeable sensations. There



Left—The inside view seldom revealed to the patient



Above—An appalling condition brought about by indifferent neglect

What the Mirror Reveals

The individual who takes half-way care of his teeth generally sees only the exterior surfaces. What a revelation it will be to him when a mouth mirror is arranged so that he may see the lingual surface. Many a patient will be startled to discover in his own mouth a condition illustrated in the circle above.

is no need for druggy or nauseating dentifrices because all the necessary and beneficial effects can be obtained with agreeable flavor and taste. It is hard enough to cultivate the habit of regular dental care. Why put obstacles in the way by recommending salt, lime water, or ill tasting preparations? Modern, up-to-date, intelligently made dentifrices should be effective, harmless, and pleasant to use.

It is for the dentist to approve dentifrices which the patient should use because he knows best how to protect the patient against the wrong kind of dentifrice. He can choose dentifrices which put

MOST people, as far as their own observation goes, have never looked at their own teeth except to view them in the mirror over the wash stand; that is why the labial surfaces of the front

teeth are the limit of their daily dental struggles. Seated in the dental chair and provided with a hand mirror, the patient, perhaps for the first time, is able to follow
(Continued on page 6)



Left—This photograph shows the result of half-way care. Cavities and tartar, and red, swollen gums, due to lack of massage

Below—What a difference as a result of dental treatment and proper instruction



the least number of obstacles in the path of training the patient to care for the mouth. He should not give encouragement to those who would minimize his effort by advertising *ideas* which over-emphasize the merits of dentifrices and contradict the need for *work* in keeping the teeth clean and gums healthy.

Do Your Patients Keep Their Dentures A Credit to You?



Medical and Dental Authorities know that the human mouth offers a fine breeding place for germs. Owing perhaps to indifference on the part of patients or to their lack of knowledge regarding the proper method of cleansing, some dentures actually carry more than fifteen million germs on every square inch of surface. These germs are usually embedded in a white film that covers the surface of the denture. This germ-bearing film causes the sour odor that always comes from an unclean denture or bridge. This disagreeable odor and the equally disagreeable taste always affect the wearer's sense of taste and smell.

Soap and water cannot remove this film and the decomposed matter which penetrates and clings so tenaciously to the denture. Scouring powders, gritty soaps and inferior brushes, which are often used, are very apt to scratch and ruin the denture.

Dentu-Creme has solved this problem. It was perfected after two years of scientific research. *Dentu-Creme* is prepared according to scientific principles

approved by the Dental Profession and is made specifically for cleaning dentures. It cleans, polishes, sterilizes, removes tartar as well as the tough mucin-film and germ plaques and keeps the denture odorless without doing the slightest injury to the plate.

Dr. Wernet's Dental Plate Brush is scientifically designed and constructed for the express purpose of cleaning dentures and properly applying *Dentu-Creme*. There is a wide space between the long "end-tuft" of stiff black bristles and the larger group of white saw-toothed bristles. This allows the black tuft to thoroughly clean the groove and all surfaces of the plate itself, without breaking it. The white bristles clean the teeth and the interdental spaces perfectly.

You are interested in the health and comfort of your denture patients, and incidentally in having the dentures of your patients always remain a credit to you, and you should therefore prescribe *Dentu-Creme* and *Dr. Wernet's Dental Plate Brush* for every patient who wears a denture or bridge.



Dr. Wernet's Powder



Dr. Wernet's Powder does not change the shape of the Plate or the Tissue. It only adapts the gum tissue in comfort without hurting or shocking the patient.

It teaches patients to talk naturally and inspires that real confidence which patients must acquire if they are to wear a denture successfully.

It allows your patients to have comfort while wearing the

denture. Being antiseptic, it helps to prevent sore spots.

Some Dental Authorities insist that patients should use *Dr. Wernet's Powder* constantly—as a safety cushion—to protect the mucous membrane.

The daily use of *Dr. Wernet's Powder* also helps to promote Mouth Cleanliness, for the patient must clean the plate thoroughly before using a fresh application of powder.



WERNET DENTAL MFG. CO.

172 JOHN STREET

Wernet Prescription Pads on Request

TORONTO 2, CANADA

the maneuvers with mouth mirror and mouth lamp.

What a revelation? Here is the proof that the dentifrice *does* and *does not* do the job. It all depends upon the thoroughness of application. So the dentist points out the hidden spots, urges more effort on this tooth, suggests more massage here and there. Incidentally, he calls attention to the need for corrective dental procedures. The patient no longer *doubts* the necessity for reparation but *knows*!

Photographs 1 and 2 on page 4 show the patient as revealed by the mirror an appalling condition which should be vigorously condemned. It is the result of absolute indifference. Yet how many patients come back with the argument that the tartar on back of the teeth forms rapidly, and seek an excuse in some special neglect of nature to provide them with the right sort of saliva?

How many with stains and gross deposits of tartar on the labial surface blame smoking? Suggestions to reduce smoking, while perhaps beneficial to the heart, won't remove those deposits. The patient must understand that all men are born equal as regards the teeth; that they may ruin them by dental neglect or deficiencies in diet.

The third photograph herewith shows the result of *half-way* care. Cavities at the interproximal spaces; tartar, salivary and serumal, along the gum margins; the gums red and swollen due to the lack of massage. What a difference is shown by the fourth photograph which shows the cavities filled, the tartar removed, the gums firm, all as a result of dental treatment and proper instruction.

The girl in the picture has clean teeth and sound healthy gums. Youth, you will say. It is not youth, but care. Nor is this girl a movie queen with ample funds at her disposal to get dental treatment as often as she has her hair bobbed. She is just a plain, wholesome, working girl.

On the other hand we have seen the rich girl, with everything that money could buy, exhibit a mouth full of cavities. Everyone, rich and poor, can have teeth like this girl. Is it not better to spend a little money with the dentist from time to time in order to preserve these precious pearls than to pay more when it may be too late? We think it is largely a matter of instruction by the dentist and *performance* by the individual.



Fifteen Minutes a Day

PEOPLE will freely give two hours a day to movies, automobile, or listening in on the radio. We do not begrudge them. But we insist that at least as much time should be spent on the teeth and gums as is ordinarily spent on the finger nails, hair, or face. It is commendable to go about well groomed; but streptococci, spirochetes, and other germs are not impressed by external appearances as are we humans. They get in their work of crippling and murderously assaulting the body if given a chance to start work in the mouth. Are fifteen minutes a day too many to offer to stay their onslaught? Are fifteen minutes a day too great a price to pay for the adornment of beautiful teeth?

Possibly dentists, or perhaps art of photography, have taught the vast multitude the *attractiveness* of good teeth. Certainly the old masters did not. How different would Mona Lisa look if she had had her mouth open? We

How different would Mona Lisa look if she had had her mouth open? We can only guess. The old masters seldom pictured their subjects with the mouth open. The girl in this picture has clean teeth and sound healthy gums because she exercises constant care.

can only guess; the old masters seldom pictured their subjects with the mouth open. Considering the knowledge and science of the day, we venture to suggest that the teeth could not have been represented *as is* but that the artist would have had to restore some missing members with skilful manipulation of the brush. How shocking to think of it!

The chances are that most every

patient stepping into a dentist's office is perfectly willing to admit that he spends a great deal of time in caring for his teeth. And certainly he knows how to manipulate the brush correctly. Isn't every school-child taught how?

But when the dentist gets this patient to actually demonstrate the complete operation he generally discloses two facts: first, the time spent can't possibly be over two minutes in duration; and second, the brushing process is all wrong.

Obviously, therefore, it is up to the dentist to make this patient see clearly the error of his ways. How he will do it depends largely upon the capacity of the individual to reason things out. There can be no one tried and true method.

We are going to assume that the patient is won over to the idea and will bestow fifteen minutes daily on teeth and gums. No skimping; no excuses accepted! All right; let's go!



Left—The Indexo Rubber Finger Tooth Brush is pulled over the end of the forefinger



Right—About an inch of Mer Denti-frice is spread over the rubber bristles

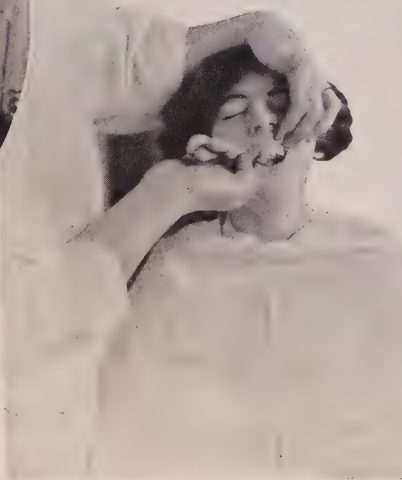


—••[Massage]••—



Left—Then commence the vigorous massage

Below—Reach the inside surfaces of the teeth



Indexo Finger Tooth Brush

THE Indexo Finger Brush is supplied in three sizes, packed individually. In purchases of a gross or more, the name of the dentist will be printed inside the lid without extra charge.

WE start first with massage because it is apt to be forgotten. It is done to exercise the gums; to stimulate the blood supply. Mastication alone is not enough.

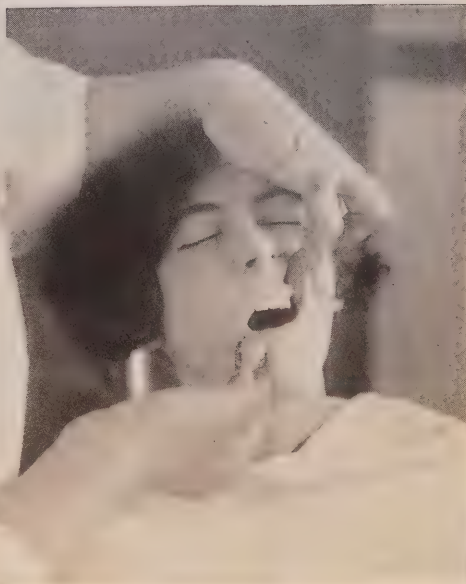
We must rid the gum of stagnant blood, with its waste products, and force fresh oxygenated blood into its place. We actually pump the blood by alternately pressing and releasing the gum.

It can be done with the fingers alone, or with a tooth brush, but a very good way is to use the Indexo rubber finger tooth brush.

Watch the dentist in the photographs! This shows how the Indexo brush is placed on the finger; next, the application of an inch of Mer Denti-frice and then for the vigorous massage.

Don't rub! Press and squeeze as though you held a pencil in the hand and were making a lot of dots. Move and press, with a slight movement like the *shimmy*. Inside and outside over all the gum surfaces, reaching all the way back. Force the Mer Denti-frice between the teeth. There will be no irritation or laceration of the gums if you do not use the rubber brush like a scrubbing brush. The idea is to massage—not rub!

Right—After the gums have been thoroughly massaged, withdraw the brush. Notice how the Mer Denti-frice paste is still sticking to the bristles



Brushing

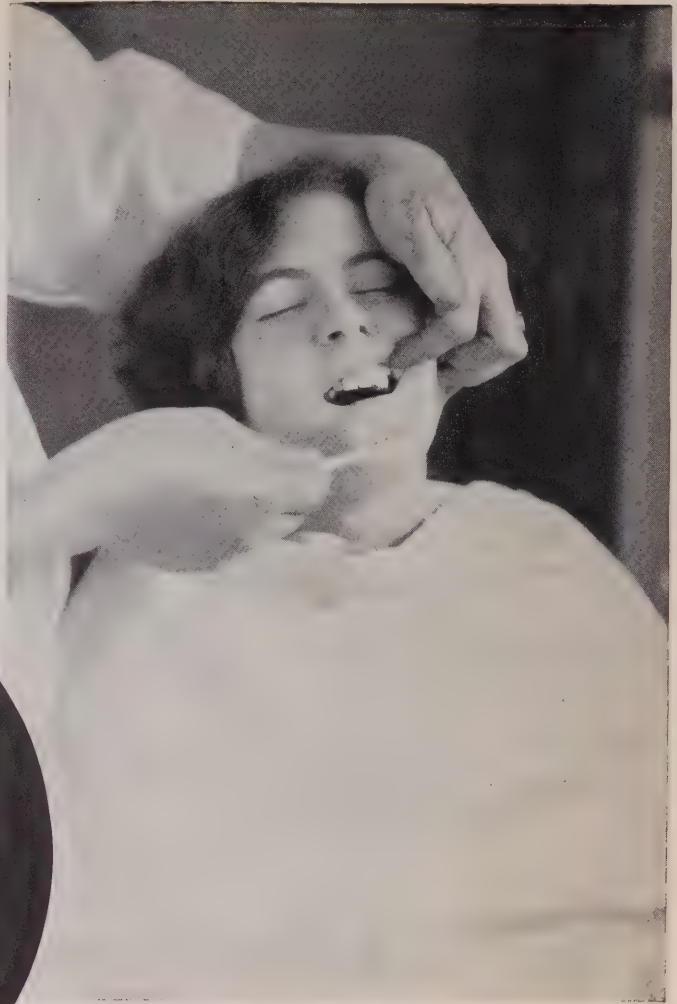
NEXT remove the finger brush. Take the dry bristle brush and resting the brush partly on the teeth and gums, with the brush pointing toward the cutting edge or tips of the teeth, brush thoroughly all tooth surfaces. Allow the bristles to bend into the interproximal spaces. Do not miss the molar teeth, inside as well as outside surfaces. Never brush crossways. The brush is really rolled from the gum to the tip of the teeth with pressure which stimulates the blood circulation in the gums.

The photographs on this page

illustrate for the patient how the brush is to be used correctly. It's a very important part of the procedure when properly carried out.

On the other hand, however, great damage can be done to the tissue if the brush is so employed that the gums are constantly pushed back away from the necks of the teeth.

There will be a sufficient quantity of Mer Dentifrice remaining upon the teeth from the application with the rubber brush so that an additional supply need not be placed upon the brush.



Above—Notice that a plenty of Mer Dentifrice is sticking to the surfaces of the teeth. Take a dry bristle brush

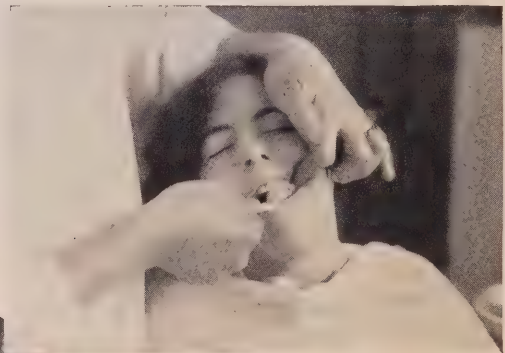


Left—Commence brushing on the labial surface. Rest the brush partly on the teeth and gums with the bristles pointing toward the biting edge of the teeth



Above—Never brush crossways of the teeth. Reach the inside surfaces as well as the outside surfaces

Below—Allow the bristles to bend into the interproximal spaces



Above—Do not miss the molar teeth on the inside surfaces. Roll the brush from the gum to the tips of the teeth with pressure to stimulate the circulation of blood

Cleaning the Spaces Between the Teeth

PUT the brush aside. Now we come to the job—and it is nothing less than a job—of cleaning out the spaces between the teeth. The rubber finger brush and the bristle brush cannot do it effectively for the reason that the contact points are often so tight that the bristles can't penetrate into the spaces.

The pressure exerted through mastication forces food particles into these spaces however. Unless they are promptly removed by some mechanical means fermentation will take place instituting processes of decay in the tooth structure.

Not only that but the constant impaction of food into these spaces impinges upon the gum tissue causing injury with the consequent inception of gingivitis.

The ideal mechanical means for cleaning out the interproximal spaces is dental floss. Snip off a piece of dental floss. By holding the floss tightly between the thumb and forefinger of both hands it can be used like a hack saw, pulling the floss back and forth several times on each tooth surface. Even though the teeth seem tight, the floss can and should be pulled through.

Be particular though not to force the floss against the flap of gum tissue that is normally extending down into the space between two adjacent teeth. The thought to keep always in mind throughout the entire cleansing operation is that the gum is never

Right—Snip off a piece of dental floss. This floss is ideal for cleaning out the spaces between the teeth which cannot be reached by the bristles of the tooth brush



to be pushed back away from the necks of the teeth.

This point is extremely important and too great emphasis cannot be placed upon its being kept constantly in mind.

It is only necessary to use the floss once a day, preferably before retiring. This daily use of floss will prevent the formation of plaques of bacteria between the teeth. It will also keep the space free from tartar deposits. A good way to polish in between the teeth is to apply a small amount of Mer Dentifrice between the teeth before starting with the floss. Do not neglect the spaces between the molar teeth.



Above—Even though the contact points between the teeth are quite tight yet the floss can and should be pulled through

Left—Hold the floss tightly between the thumb and forefinger of both hands

Please

IN what kind of condition did this copy of Milford News reach you?

Were the pages torn or so badly creased that you had difficulty in reading the text?

Please let us know. Even though you may wish nothing else indicated on the enclosed card please fill in the space reserved for this bit of information.

Your reply will mean a great deal to us.

*Thanks in advance,
THE EDITOR.*

Finishing the Job With Mercitan Lotion

Left—Take some Mercitan Lotion in a cup or glass and dilute with one or two parts of warm water

and forth between the teeth. Empty the mouth.

Now gargle the throat with a little fresh Lotion.

Using the Lotion two or three times a day in this way will keep the number of bacteria at a normal level and will prevent, which is most important, the multiplication of bacteria of the harmful type.

A Word to the Skeptical

There is no miraculous solvent, stain remover, tooth restorer, or gum rejuvenator which can replace correct, daily, mouth cleanliness. Shun tartar solvents, tooth whiteners, and coarse dentifrices, which promise clean white teeth without work. Teeth and gums, like skin and hair, require regular daily attention to preserve health and beauty.

Go to your dentist if your gums are inflamed, irritated, and bleeding. There is no pyorrhea cure to be bought in the drug store. Your dentist can cure pyorrhea but no medicine can remove the cause even if it seems to check the damage.

How often should you visit the dentist? We say twice a year if you follow the plan we have outlined. If you don't do this, then you had better visit your dentist every day and let him clean your teeth for you. Most likely he will give you a lecture! So why not start faithfully—in the right way—NOW?

Above—Take some of the Mercitan Lotion solution in the mouth

Above—Then place the finger along the gums, closing the lips tightly. Rub the Lotion between and around all teeth

Right—Remove the finger and swish the Lotion back and forth. Then empty the mouth



Dental Cleanser to be Used Only by the Dentist

THIS cleanser does not contain pumice. It takes off green stain, tobacco stain, and thin tartar, without damage to the enamel. It is adapted to all heavy-duty cleansing in the mouth. In single tubes or the 3-tube package.

Price 60 cents per bottle
Combination pkg. \$1.50



Repelac and Solvent

REPELAC (cavity lining) is used under fillings of all materials to protect the pulp against shock and irritation, and over Synthetic Porcelain and all cements to protect against air and moisture while hardening. Combination package includes two bottles of Repelac and one bottle of Solvent. May be obtained individually.

Price 60 cents per tube or
3 tubes \$1.50



Warren Card System

THE system consists of 300 chart cards, 25 cash cards, 3 separate index files, and 1 examination pad. Complete in Japanned metal case with lock and key. Regular finish, black enamel. Special finishes: white enamel or mahogany.

Price \$18.00 complete



Gold Plating Solution

A CAULK Gold-Plating Outfit, a clean dish and a dry-cell battery is all the apparatus needed to deposit a heavy gold plating on orthodontic appliances, bridgework, show pieces and old instruments of all descriptions. Also operates by switchboard. Complete instructions with each Outfit.

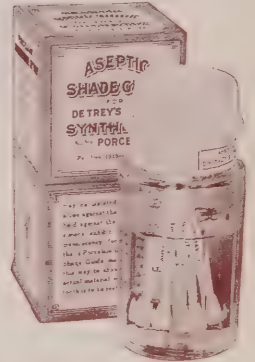
Price \$1.80



Thymozin

PLACED under any kind of filling material will give all necessary protection against pressure, acid irritation and thermal shock. It is supplied in a complete package, or separately, for renewal of either Thymozin 1 (Crystals) or Thymozin 2 (Pellets).

Price \$1.75. Either 1 or 2. 90 cents each



Caulk Shade Guide

TOOTH specimens made of Synthetic Porcelain itself. To match against tooth and to show the patient what Synthetic Porcelain is. When not in use the Shade Guide hangs immersed in water, clean and intact.

Price \$2.60

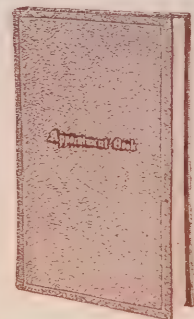


Actual Sizes

Gutta-Percha Points

CAULK Gutta-Percha Points are hand-rolled to insure an extremely fine taper and density of texture with flexibility. Colors, pink and white, and assorted in eight standardized sizes. In boxes of 150 and 450. Order by number.

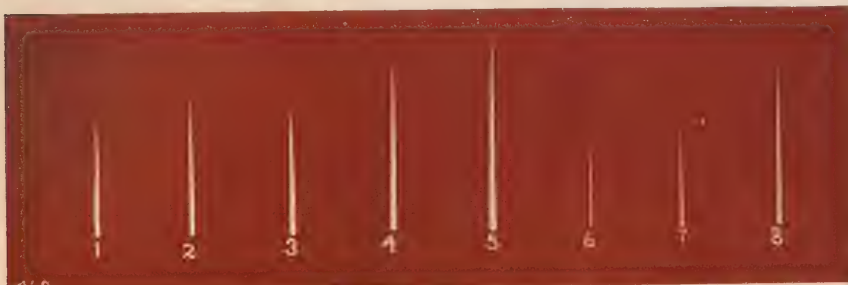
Price 55 cents and \$1.35



Appointment Book

HERE'S a handy appointment book correctly arranged for maximum convenience. A notable feature is that there are no advertising pages to bother with. Size 4 x 6½ inches.

Price \$1.80





Helping to Slay the Millions

TO the patient probably the most appealing property of Mercitan Lotion is its refreshing taste. That's quite important too since it encourages the carrying out of the prescribed home treatment.

But to you the far more significant property is its prompt effectiveness in combating germ life—an action that can be actually *measured* in specific figures bacteriologically.

Mercitan Lotion combines positive germicidal and antiseptic action with desirable astringency, refreshing taste and fragrant odor. Yet it is

notably free from the slightest irritation to the mucous membrane of the mouth.

Consequently, those dentists who have already tried Mercitan Lotion in a critical test have been quick to adopt its use as routine practice. They have come to rely upon its invaluable assistance in getting rid of infection—particularly in pyorrhea.

So, you are bound to be equally as well pleased after you have set one selected patient to using Mercitan Lotion at home and have observed results.

One Fact
is Certain—

Mercitan Lotion
is Decidedly
Effective

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